

<b>Case Number:</b>	CM13-0026638		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/06/2008
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient had an accepted April 2008 injury. She underwent workup and conservative care for her neck, shoulder and upper extremities. She underwent a March 14, 2013 right shoulder arthroscopy with decompression. There are physical therapy records for twenty-six visits after surgery and on discharge from therapy she appeared to have good motion, function and strength. There is no documentation in the record of a specific reason that further physical therapy is necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The requested further physical therapy of the right shoulder is not medically necessary based on review of this medical record. She is status post a March 14, 2013 right shoulder arthroscopy with decompression and after the surgery the documentation showed that she completed twenty-six visits. At the time of discharge from therapy she appeared to have good motion, function and strength. Guidelines are reviewed and so far the appropriate amount

of therapy has been provided following her shoulder surgical intervention. Therefore, the requested further physical therapy is not medically necessary.