

<b>Case Number:</b>	CM13-0032097		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/05/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Occupational Medicine, 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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic right shoulder pain associated with an industrial injury sustained on September 5, 2011. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; physical therapy; an MRI dated August 12, 2013, notable for labral derangement, tendinosis, and bursitis; cervical fusion surgery; and extensive periods of time off of work, on total temporary disability. In a September 6, 2013 progress note, it is stated that the applicant has persistent shoulder complaints secondary to a labral tear, tendonitis, and bursitis. She has pain and weakness. She is advised to remain off of work, on total temporary disability. Surgery is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy three times a week for six weeks for the right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Based on the provided documentation, this appears to represent a request for postoperative physical therapy following shoulder surgery. As noted in MTUS 97932.24.3, a general course of 24 sessions of treatment is recommended following arthroscopic surgery for the diagnosis of shoulder impingement syndrome, seemingly present here. However, MTUS 9792.24.3.a.3 states that an initial course of postoperative therapy represents one half of the overall course of therapy for the specified surgery. In this case, one half of 24 sessions would represent 12 sessions. Thus, the 18 session course of treatment being sought by the attending provider does not conform to MTUS postsurgical treatment guidelines. Since partial certifications are not permissible through the independent medical review process, the request is wholly not certified.