

<b>Case Number:</b>	CM13-0033522		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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:

The claimant is a 55-year-old female who was injured in a work related accident on September 22, 2007. The 10/14/13 clinical assessment with [REDACTED] indicated ongoing complaints of both neck and left shoulder pain. It was noted that the claimant was noted to have undergone healed arthroscopic surgical portal sites with no tenderness at the biceps or subacromial space. There were negative impingement signs and no instability. Motion was mildly restricted to 140 degrees of both forward flexion and abduction. Review of radiographs on that date of the left shoulder showed changes consistent with a Mumford resection of the distal clavicle as well as excavational changes noted at the humeral head. The claimant was noted to be status post the above mentioned procedure, April 13, 2013. Postoperative imaging is unavailable for review. There is documentation that a significant course of physical therapy has been utilized in the postoperative course of care including up to twenty-nine sessions as of the August 21, 2013 PT report. At present, there is a request for twelve additional sessions of physical therapy for the claimant's postsurgical care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT of left Shoulder, 12 visits- 2 visits a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, continuation of physical therapy would not be indicated. The claimant has already attended twenty-nine sessions of formal physical therapy in the postoperative setting and is now greater than eight months from surgical procedure. The requested twelve additional sessions of physical therapy would exceed Guidelines and would not be supported at present.