

<b>Case Number:</b>	CM13-0042086		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Internal Medicine and is licensed to practice in the District of Columbia. 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 is a 63M with an initial injury working as a fleet mechanic while dealing with heavy equipment repair, on Dec 13 2012. On April 1 2013 patient was seen by [REDACTED] following a cortisone injection on Feb 4 2013. He had some pain symptoms. Patient chose surgical route for therapy. He had a right shoulder arthroscopy decompression, debridement and manipulation on May 6 2013. He was continuing physical therapy and had ongoing pain. On May 13 2013, patient was seen in follow up by [REDACTED]. He had Marcaine injection into the shoulder and then placed on vigorous Physical therapy. On June 10 2013, patient was seen by [REDACTED] who was noted an uneventful post op course and he recommended continuation of physical therapy. On July 8 2013, [REDACTED] noted patient had adhesive capsulitis of the right shoulder which was slowly improving. He was thought to require further range of motion exercises. On Aug 8 2013, [REDACTED] recommended continuing PT as patients sx were improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week times 4 weeks for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy guidelines.

**Decision rationale:** Patient had shoulder pain and was receiving PT in the post-operative setting. As per ODG guidelines patient may have maximum of 3 visits per week plus home PT, 24 visits over 14 weeks following post -surgical treatment. .Patient was being prescribed an excess number of PT sessions. There was no clear documentation of any objective milestones being met to rationalize the ongoing nature of this patients physical therapy sessions. This is not deemed medical necessary from the clinical documentation provided.