

<b>Case Number:</b>	CM13-0049904		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 patient is 45-year-old male who suffered a work-related injury on April 15, 2010. During the course of his employment as a carpenter, he lost balance while carrying several items down the ladder. Subsequently, he fell down and suffered several injuries consisting of hyperextension of the shoulder and low back as well as injury to the knee. He received significant treatment including medication and physical therapy. Right shoulder dysfunction persisted and he underwent a surgical procedure for the right shoulder in February 2013. Following the surgical procedure, significant improvement occurred in the right shoulder function. Shoulder examination by the treating physician on 9/6/13 showed only mildly limited range of motion of the right shoulder; no sign of impingement, and Neer's and Hawkins tests were negative. The patient was seen by an orthopedist on 10/16/13. He was complaining of increased low back pain and pain in the left knee. He stated, "His right shoulder has improved after surgery, but he feels he would benefit with more physical therapy". Shoulder examination was not performed. Physical therapy was requested consisting of 6 more sessions for the left knee and right shoulder. The patient had completed 12 sessions with improved range of motion and strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) RIGHT SHOULDER TIMES SIX (6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient's shoulder function seems to have adequately improved with combination of surgery and physical therapy. The orthopedist recommended additional 6 visits of physical therapy for the right shoulder at the request of the patient. However, the patient was not complaining of any symptoms pertaining to the shoulder. Furthermore a shoulder examination was not performed. Examination conducted by another physician one month earlier exhibited no impingement signs and almost nearly normal range of motion of the shoulder joint. Therefore, additional physical therapy for the right shoulder does not seem to be necessary.