

<b>Case Number:</b>	CM13-0054145		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/28/2013
<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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/9/09. A utilization review determination dated 10/28/13 recommends non-certification of postoperative PT for the right shoulder. 12/2/13 medical report identifies that the patient has unchanged right shoulder pain and stiffness. She is no longer improving with therapy or home exercise and surgery has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Postoperative Physical Therapy visits for the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute and Chronic); California MTUS Worker's Compensation Final Regulations, Medical Treatment Utilization Schedule Regulations, pages 10, 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26-27.

**Decision rationale:** Regarding the request for 12 Postoperative Physical Therapy visits for the Right Shoulder, California MTUS supports up 24 total sessions after shoulder surgery, with half that amount recommended initially. Within the documentation available for review, it appears

that there is no recent or pending surgery at this time. In light of the above issues, the currently requested 12 Postoperative Physical Therapy visits for the Right Shoulder are not medically necessary.