

<b>Case Number:</b>	CM13-0059568		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Practice and is licensed to practice in Texas. 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 patient is a 54-year-old male who reported an injury on 10/14/2004. The patient was reportedly injured while pushing a loaded pallet jack over a ramp. The patient is currently diagnosed as status post decompression at L4-5 and L5-S1 with fusion, lumbar herniated nucleus pulposus, bilateral shoulder impingement, status post previous surgery to the right shoulder, posttraumatic arthrosis of the AC joint, obesity, depression with anxiety, insomnia, GERD, status post arthroscopic subacromial decompression of the right shoulder, bicipital tendonitis, status post left rotator cuff repair, status post medial meniscectomy and patellar chondroplasty, left knee medial meniscal tear, and status post left shoulder arthroscopic subacromial decompression with distal claviclectomy. The patient was seen by [REDACTED] on 09/25/2013. The patient was 2 weeks status post left shoulder arthroscopic decompression. The patient reported 8/10 left shoulder pain. Physical examination revealed limited range of motion with intact sensation. Treatment recommendations included initiation of postoperative physical therapy as well as continuation of current medication including Norco and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**twelve (12) sessions of land physical therapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

**Decision rationale:** The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical treatment recommendations. Postsurgical treatment for impingement syndrome includes 24 visits over 14 weeks. The patient recently underwent subacromial decompression with distal claviclectomy on 09/13/2013. The patient does demonstrate significantly limited range of motion. The patient has not begun postoperative physical therapy. Therefore, the patient does meet criteria for the requested 12 sessions of postoperative physical therapy. As such, the request is certified.