

<b>Case Number:</b>	CM13-0061598		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 07/27/2012. The listed diagnoses per [REDACTED] dated 10/16/2013 are: (1) Adhesive capsulitis of shoulder, (2) Aftercare follow surgery musculoskeletal system, (3) Other affection of shoulder region, (4) Pain in joint, shoulder region. According to report dated 10/16/2013, the patient presents with continued pain and decreased range of motion after manipulation under anesthesia dated 08/13/2013. It was noted the patient is status post right shoulder arthroscopic subacromial decompression surgery dated 02/19/2013. Treater, in his report, states the patient has been denied postop surgery after manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for four (4) weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** This patient presents with continued right shoulder pain, status post manipulation under anesthesia (08/13/2013). Utilization review dated 11/26/2013 denied request stating the patient has had 18 postoperative physical therapy authorized in which 17 sessions

were completed per "FCM dated 11/10/2013." The MTUS Guidelines page 26 and 27 for post-surgical of the shoulder recommends 24 visits over 10 weeks. Post-surgical physical medicine treatment is 6 months. In this case, medical records of physical therapy sessions are provided for review; however, they are all dating prior to the manipulation under anesthesia. It is unclear as to the exact number of physical therapy the patient received for this manipulation under anesthesia surgery. However, based on UR letter, it would appear that the patient has had 17 sessions of post-operative therapy and the additional 12 sessions may not be warranted as it exceeds the postsurgical recommendation of 24 sessions.