

<b>Case Number:</b>	CM13-0063814		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Family Practice, 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 a 59-year-old female who reported injury on 12/22/2011. The mechanism of injury was not provided. The patient was noted to be status post right shoulder MUA and release of tethered portal scar and left shoulder MUA/lysis of adhesions/partial synovectomy and debridement/SAD/partial AC joint resection and rotator cuff debridement on 09/17/2013. The examination of the right shoulder revealed the suture site was clean, dry, and intact. The patient indicated the right shoulder felt good. The diagnoses were noted to include right shoulder adhesive capsulitis. The treatment plan included physical therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL PHYSICAL THERAPY X 6, RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary last updated 6/12/2013.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

**Decision rationale:** California MTUS Guidelines indicate that manipulation under anesthesia postsurgical treatment is 20 visits over 4 months. There was a lack of documentation indicating

how many sessions of physical therapy directed right shoulder the patient had, as the patient had a multiple procedures on the left shoulder on the same date of service. The clinical documentation failed to include functional deficits of the right shoulder to support the necessity for physical therapy. Given the above, and the lack of clarity, the request for additional physical therapy x6 right shoulder is not medically necessary.