

<b>Case Number:</b>	CM13-0069439		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	10/03/2006
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Orthopedic Surgery, 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 claimant is a 50-year-old male who was injured on 10/03/06 was involved in a motor vehicle accident. He sustained injuries to his bilateral upper extremities. A recent clinical assessment of 10/14/13 notes a claimant to be status post a right shoulder arthroscopy with subacromial decompression and manipulation under anesthesia that occurred in early June 2013. He specifically states at that time that he has improved from a shoulder perspective with examination showing 150 degrees of forward flexion, 120 degrees of abduction, 80 degrees of external rotation, improved strength with some mild weakness with abduction and external rotation. Further clinical records from 12/09/13 indicated that the claimant was continuing to be treated for neurologic findings to the upper extremities consistent with carpal and cubital tunnel syndrome with no documentation or mention of the shoulder. It is unclear as to how many physical therapy sessions have been utilized since the time of the June 2013 procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY, 12 SESSIONS:** Upheld

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

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

**Decision rationale:** Based on the MTUS Postsurgical Treatment Guidelines, continued therapy for the claimant's shoulder would not be indicated. At the last clinical assessment for which the shoulder was discussed, there was documentation of a significant improvement with the claimant being "satisfied" with the surgical outcome. While there was some residual weakness, there was essentially a full range of motion in the claimant's shoulder. At this stage in the claimant's injury several months after the surgical process, the continuation of physical therapy would not be indicated. The request is not medically necessary and appropriate.