

<b>Case Number:</b>	CM13-0069824		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 52 yo male who sustained an industrial injury on 07/20/2012. the mechanism of injury was not provided for review. his diagnoses include right knee and left shoulder pain. He underwent left shoulder surgery: subacromial decompression, spur removal, lysis of adhesions, partial rotator cuff repair, partial distal claviclectomy and synovectomy. On exam there is moderate weakness of the left shoulder with decreased range of motion. Right knee reveals medial joint line tenderness with a positive McMurray sign. Treatment in addition to surgery has included medical therapy, and post-operative physical therapy. The treating provider had requested additional left shoulder physical therapy x 3 weeks RFA 12/10/13, 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Physical Therapy X 3weeks Rfa 12/10/13, Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The review of the medical documentation indicates that per California MTUS post surgical treatment guidelines a total of 24 sessions of physical therapy are

recommended following decompression shoulder surgery. Based on the records provided for review that patient had 24 post-op PT visits authorized and should have been independent with a home exercise program to address further range of motion, stretching and strengthening. There was no documentation provided by the treating provider necessitating further physical therapy sessions. Medical necessity for the requested service was not established. The requested service was not medically necessary.