

<b>Case Number:</b>	CM13-0071505		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, has a subspecialty in Preventative Medicine 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 50 year old male claimant sustained a work injury on 1/20/12 resulting in a right shoulder sprain and tendonitis. Immediately after his injury he had undergone moist heat, range of motion exercises with physical therapy and oral analgesics for pain. An MRI in 3/23/12 indicated a tear of the superior labrum and rotator cuff of the right shoulder. On June 12, 2012, a request was made for 24 visits of physiotherapy preoperatively. On 8/12/13 he had surgical repair of the left shoulder. Post-operatively, a request was made for therapy twice 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:

**Physical therapy twice a week for six weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-219.

**Decision rationale:** According to the ACOEM guidelines, physical therapy is recommended for a short course of supervised therapy and then continuing with home exercises. Table 9-5 suggests establishing a safe exercise plan to build tolerance after surgery is performed. In this case, the claimant had received therapy prior to the surgery, which would provide basis for

education after surgery. 12 session of therapy post-operatively is beyond what is required for education to complete a home based program. The therapy request is not medically necessary.