

<b>Case Number:</b>	CM14-0000370		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 22, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier total shoulder arthroplasty; and work restrictions. In a utilization review report dated December 9, 2013, the claims administrator partially certified a request for six sessions of physical therapy as four sessions of physical therapy. The injured worker was described as status post shoulder surgery on July 18, 2013 and approaching the end of the postsurgical physical treatment window. It was stated that the injured worker should attempt to transition to home exercises. In an occupational therapy note of May 7, 2014, it was suggested that the injured worker could not work owing to severe complaints of pain secondary to cumulative trauma at work. It was further noted the injured worker was status post a left carpometacarpal (CMC) joint arthroplasty on March 7, 2014. On November 22, 2013, the injured worker was described as having persistent complaints of shoulder pain and weakness four months removed from total shoulder arthroplasty. Shoulder range of motion was limited with active elevation to 100 degrees. An additional six sessions of physical therapy were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER:** Overturned

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

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

**Decision rationale:** The injured worker was still within the six-month postsurgical physical medicine treatment period established within the guidelines, following earlier total shoulder arthroplasty surgery on July 18, 2013. Guidelines state that a general course of 24 sessions of treatment is recommended following a total shoulder arthroplasty procedure. However, guidelines acknowledge that medical necessity for postsurgical physical medicine treatment is dependent at any point on injured worker-specific factors including comorbidities, an injured worker's work functions, prior pathology involving the same body part, etc. In this case, the injured worker had heavier physical job demands as a bricklayer/mason. The injured worker also had comorbidities including left thumb arthritis. Therefore, the request is medically necessary.