

<b>Case Number:</b>	CM14-0005194		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Orthopaedic 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 records presented for review note that this individual was injured in April, 2012. The primary diagnosis is other affections of shoulder region not elsewhere classified (726.2) the request is for additional physical therapy (18 sessions) to the right shoulder. The clinical evaluation completed in December, 2013 noted ongoing right shoulder pain objectified in November, 2013 it was reported there was no improvement after surgical intervention and the left shoulder actually felt worse. A course of physical therapy initiated after surgery was discontinued. There is ongoing tenderness and a positive Hawkins sign is noted. The clinical assessment completed in December, 2013 noted well healed surgical scars about the right shoulder. Neer's test, Hawkins test, O'Brien's test, speed's test were reported to be negative. Abduction is noted to be 4/5 as well as resisted external rotation. A 70% improvement after the previous shoulder injection is noted. A psychiatric consultation was sought secondary to anxiety and depression issues. Additional physical therapy is requested. Subsequent evaluation noted shoulder flexion to be 90°, abduction to be 90°. The operative report is dated February 1, 2013 and noted the surgery to include a rotator cuff debridement and a subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** When noting the date of injury, the date of surgery, the surgical procedure completed as well as the most current physical examination reported, there is no clinical indication for an additional 18 sessions of physical therapy. At most, all that would be supported is a home exercise protocol. When noting the parameters outlined in the MTUS, physical therapy should be completed within 14 weeks after the date of surgery. Furthermore, when noting the motion present (90° action/abduction), transition to home exercise protocol is all that would be supported. The request for Physical Therapy is not medically necessary.