

<b>Case Number:</b>	CM14-0006904		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 59-year-old male with a 4/26/12 date of injury and subacromial decompression of the left shoulder with distal clavicle excision on 7/5/13. At the time of request for authorization for physical therapy x12 to left shoulder, there is documentation of subjective (left shoulder pain with motion) and objective (decreased left shoulder range of motion) findings, current diagnoses (status post subacromial decompression of the left shoulder with distal clavicle excision on 7/5/13), and treatment to date (26 postoperative physical therapy visits). In addition, medical report's plan identifies further post operative physical therapy to increase range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY FOR THE LEFT SHOULDER (12 SESSIONS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS postsurgical treatment guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period

of up to 3 months. Within the medical information available for review, there is documentation of a diagnosis of status post subacromial decompression of the left shoulder with distal clavicle excision on 7/5/13 and a plan indicating additional postoperative physical therapy to increase range of motion. In addition, there is documentation of 26 sessions of post-operative physical therapy sessions completed to date which exceed guidelines. Furthermore, despite documentation of subjective (left shoulder pain with motion) and objective (decreased left shoulder range of motion) findings, there is no documentation of exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy x12 to left shoulder is not medically necessary