

<b>Case Number:</b>	CM14-0008011		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 46 year old female who reported an injury on 09/08/2010. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/10/2013 reported the injured worker complained of pain rated 9/10 with continued pain in her neck with radiation into her left upper extremity. The injured worker also reported difficulty with overhead reaching of the left upper extremity. The injured worker underwent left shoulder surgery on 12/13/2012. On 10/30/2013 the provider requested physical therapy 2-3 x's 12 weeks for the left shoulder for adhesive capsulitis, to date the injured worker has had 2 of the 6 requested physical therapy sessions which she noted aggravated her symptoms. The physical exam noted the injured worker to be well-developed, well nourished and in no cardiorespiratory distress, also noted the injured worker ambulates without assistance. The provider requested post operative physical therapy 2-3 x 12 weeks- left shoulder. The request for authorization was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OPERATIVE PHYSICAL THERAPY 2-3 X 12 WEEKS- LEFT SHOULDER:**

Upheld

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

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

**Decision rationale:** The injured worker complained of pain rated 9/10 with continued pain in her neck with radiation into her left upper extremity. The injured worker also reported difficulty with overhead reach of the left upper extremity. The California MTUS guidelines recommend postsurgical treatments of 24 visits over 14 weeks with the initial course being half of the requested sessions. The guidelines recommend a post-surgical physical medicine treatment period of 6 months. The request submitted for 24-36 sessions exceeds the guideline recommendations. The efficacy of the prior therapy was unclear within the medical records. Additionally, it was unclear if the injured worker had significant deficits remaining. Therefore, the request is not medically necessary.