

<b>Case Number:</b>	CM14-0012365		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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:

This is a 51-year-old female with a date of injury of 12/17/10. The mechanism of injury occurred due to repetitive motion while performing her usual job duties. She experienced pain and discomfort in her right upper extremity, and swelling of the fingers of her right hand. On 12/13/13, she complained of constant neck pain rated 5/10, and post-op right shoulder pain rated 7/10. On exam she had positive Tinel's and Spurling's test on the right side. She had mild improvement in the right shoulder range of motion. The diagnostic impression is s/p right shoulder scope with distal clavicle resection. Treatment to date includes physical therapy, TENS unit and medication management. A UR decision dated 1/8/14, denied the request for physical therapy for the right shoulder. The patient has had 28 post-op physical therapy sessions. It is unclear as to why the patient would not be able to perform a proper non-supervised rehabilitation regimen after receiving 28 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES 4 WEEKS - FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

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

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines supports up to 24 session of physical therapy over 14 weeks. This patient had a rotator cuff debridement in clavicle resection of the right shoulder on 7/31/13. From the documentation provided, the patient has had 28 post-op visits. This request is for an additional 8 sessions of physical therapy, which would put the patient at 36 sessions of physical therapy, which exceeds guideline recommendations. Therefore, the request for physical therapy 2 times 4 weeks for the right shoulder was not medically necessary.