

<b>Case Number:</b>	CM14-0015340		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Surgeon has a subspecialty in Elbow 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 injured worker is a 48-year-old male who reported an injury on 10/25/2011 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/27/2014 for reports of bilateral shoulder pain which increases with range of motion. The injured worker reported less pain and tenderness after physical therapy and felt more physical therapy would be beneficial. The exam noted left shoulder tenderness to palpation over the anterior and posterior aspects. The diagnoses include left shoulder rotator cuff tear, biceps tenosynovitis, acromioclavicular joint arthropathy, and status post rotator cuff repair. The treatment plan included continued home exercise program and medication therapy. The exam note did indicate the rationale for additional physical therapy was to reduce pain and 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, 2 TIMES A WEEK FOR 4 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California Postsurgical Treatment Guidelines may recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines further recommend a total of 24 visits over 4 weeks. There is a significant lack of evidence of the efficacy of prior therapy such as functional measurements, pain levels, and strength levels. Furthermore, the request for 8 sessions in addition to the previous 24 sessions exceeds the recommended guidelines. Therefore, the request for physical therapy for the left shoulder, 2 times a week for 4 weeks is not medically necessary and appropriate.