

<b>Case Number:</b>	CM14-0019247		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Physical Medicine and Rehabilitation 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 52 year old female who reported an injury on 10/04/2010. Per the operative report dated 10/14/2013 noted the injured worker underwent manipulation under anesthesia and arthroscopic lysis of adhesions. Per the clinical note dated 11/13/2013 the injured worker underwent an injection to the right glenohumeral joint. Per the physical therapy note dated 10/29/2013 the injured worker completed 38 sessions and stated she could not do the home exercise program due to pain related to the therapy. Per the physical therapy progress note dated 01/30/2014 the injured worker completed 54 physical therapy sessions with overall progress which was slower than expected. The request for authorization for medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 X 2 FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** The CA MTUS guidelines recommend 24 visits over 14 weeks with a treatment period of 6 months for rotator cuff syndrome/Impingement syndrome postsurgical treatment, arthroscopic. The Official Disability Guidelines further state 1-2 visits of physical therapy over 1 week are recommended for post-injection treatment. The documentation provided states the injured worker attended 54 sessions of physical therapy to date. The request for 6 additional sessions would exceed the guideline recommendations. The efficacy of the prior treatments was unclear. Therefore, the request for Physical Therapy 3X2 for the Right Shoulder is not medically necessary.