

<b>Case Number:</b>	CM14-0127995		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Nevada. 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 records, presented for review, indicate that this 47-year-old individual was reportedly injured on August 10, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated "excellent range of motion" of the surgically treated shoulder with rotator cuff strength listed 4/5. Diagnostic imaging studies were not performed. Previous treatment included two separate shoulder surgeries, postoperative physical therapy and other pain management interventions. A request had been made for physical therapy and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 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:** As noted in the postsurgical physical therapy guidelines, as many as 24 sessions of physical therapy are endorsed. When noting the data surgery (June 25, 2013), the

range of motion reported on physical examination and by the above cited guidelines, there is no clear clinical indication for additional physical therapy. Any residual losses in strength can be augmented with a home exercise protocol. Given the range of motion reported, the medical necessity of this additional physical therapy has not been established.