

<b>Case Number:</b>	CM14-0131853		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 50-years old male with an injury date on 12/20/2011. Based on the 05/21/2014 progress report provided by [REDACTED], the diagnosis is: 1. Status post left shoulder arthroscopy. According to this report, the patient complains of left shoulder pain, status post shoulder arthroscopy 2 month. The patient is in second week of physical therapy Left shoulder range of motion is decreased slightly compare to the right side. MRI of the cervical spine reveals "multilevel disc bulges but no significant disc herniation or stenosis." The MRI report was not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/09/2013 to 05/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, left shoulder two times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SHOULDER (POST-SURGICAL MTUS) Page(s): 26, 27.

**Decision rationale:** Regarding post-op shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks. Review of reports from 04/30/2014 to 05/14/2014 shows the patient has completed 6 post-op therapy sessions. The 05/14/2014 report from physical therapy states, the patient pain is a "6/10, the shoulder feel better. "However, UR alludes that the patient has had "participated in 12 sessions." Given that the patient has had 12 sessions per UR, the requested 16 additional sessions exceed what is allowed per MTUS. So, the Physical Therapy, left shoulder two times a week for 8 weeks is not medically necessary.