

<b>Case Number:</b>	CM14-0180501		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Surgeon and is licensed to practice in New York. 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 52-year-old male with a date of injury generous second 2012. The patient has chronic right shoulder pain. The patient had surgery of the right shoulder. Physical examination shows reduced range of shoulder motion. The patient's physician recommends additional physical therapy for strengthening. Medical records indicate that 14 visits were previously completed. The patient had surgery on March 4, 2014. Patient takes Flexeril. There is no documentation of improve pain or function with the current treatment regimen the medical records. The medical records do not document exactly how the postoperative digits the patient had to date. At issue is whether additional Physical Therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy 2 times a week for 6 weeks for the right shoulder as an outpatient, quantity 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Shoulder pain chapter

**Decision rationale:** MTUS guidelines do not recommend additional postoperative physical therapy at this time for this patient. Specifically the medical records do not document adequate

functional improvement with previous postoperative physical therapy. Guidelines indicate that functional improvement must be demonstrated after postoperative physical therapy. Since the patient does not have documented improvement in the medical records with physical therapy, additional physical therapy is not indicated at this time. Also, it remains unclear exactly, and postoperative physical therapy the patient has had already postoperatively. The request for Physical Therapy is not medically necessary.