

<b>Case Number:</b>	CM14-0024015		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 claimant is a 45-year-old man, with right shoulder injury on 06/14/10. The mechanism of injury is unknown. He also has right elbow pain, with lateral epicondylitis and strain. He had a shoulder arthroscopy on 05/14/13 for subacromial decompression with subsequent physical therapy. The claimant is not happy with the mobility in his shoulder and is seeking additional physical therapy per recommendation of the orthopedist and primary treating physician (PTP). Manipulation under anesthesia is being considered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

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

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

**Decision rationale:** The post-surgical period is six (6) months, or until November 14, 2013, according to the Postsurgical Treatment Guidelines. The guidelines recommend twenty-four (24) visits of physical therapy in fourteen (14) weeks. The orthopedist notes the need for ongoing rehabilitative therapy, in addition to home exercise in his October 4, 2013 report. The primary

treating chiropractor has also recommended physical therapy on 11/14/13, six (6) months after surgery. There is no information provided from either regarding the amount of physical therapy the patient had post-surgically at the time of the request, so medical necessity cannot be established. The request is not medically necessary.