

<b>Case Number:</b>	CM14-0029990		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 32-year-old female with a date of injury of 05/16/2011. The listed diagnoses per [REDACTED] are: 1. Other affections of shoulder region. 2. Status post right shoulder subacromial decompression on 03/18/2013 with recurrent impingement. 3. Anxiety. According to 03/03/2014 progress report by [REDACTED], the patient presents with continued right shoulder pain rated as 7/10 with increased clicking/popping with limited range of motion. Examination revealed well-healed scar, arthroscopic portals with painful range of motion. MRI of the right shoulder from 12/11/2013 noted "within normal limits." Treatment plan included 12 sessions of physical therapy for the right shoulder for postoperative care. Per treating physician, patient "only had 1 session of therapy after surgery on 03/18/2013 and she still has restrictive range of motion and pain." Utilization review states, the request is for "physical therapy 2 to 3 times a week for 6 weeks right shoulder quantity 18." Utilization review denied the request on 03/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two to three times a week for 6 weeks, Right Shoulder. Qty 18.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Shoulder, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** This patient is status post right shoulder subacromial decompression on 03/18/2013 with recurrent impingement and continued restrictive range of motion and pain. The physician is requesting additional post-op physical therapy. Utilization review from 03/06/2014 indicates request is for "physical therapy 2 to 3 times a week for 6 weeks right shoulder qty 18." This patient is outside of the postoperative therapy range. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treater indicates the patient has only received 1 postoperative physical therapy on 03/18/2013. The patient continues with recurrent impingement, restrictive range of motion and pain. A short course of 9-10 physical therapy sessions may be warranted. However, the request is for 18 sessions which exceeds what is recommended by guidelines. The request is not medically necessary.