

<b>Case Number:</b>	CM14-0041051		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

This is a patient with a date of injury of 9/30/10. A utilization review determination dated 3/7/14 recommends modification of physical therapy from 8 sessions to 4 sessions. 24 postoperative sessions had been completed after revision seasonal affective disorder and extensive debridement on 9/25/13. A 1/27/14 medical report identifies left shoulder complaints. On exam, there is tenderness and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Rotator cuff syndrome/ Impingement syndrome, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** Regarding the request for 8 physical therapy visits for the left shoulder, California MTUS supports up to 24 physical therapy sessions after shoulder surgery. Within the documentation available for review, there is documentation of completion of 24 prior physical therapy sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with

formal supervised therapy. In the absence of such documentation, the currently requested Physical therapy for the left shoulder 2 times per week for 4 weeks is not medically necessary.