

<b>Case Number:</b>	CM14-0049734		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 37 year old female with a work injury dated 11/20/07. The diagnoses include impingement syndrome of the right shoulder. The patient is status post arthroscopy of the right shoulder with acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy, removal of loose bodies, and intraarticular injection on 1/14/14. He was approved for 12 post op physical therapy sessions. Under consideration is a request for physical Therapy 3x/wk (3 times/week) x4 wks (weeks) for the right shoulder. There is a primary treating physician report dated 3/4/14 that states that states he feels his right shoulder is getting better but still feels weak. He has one more session of physical therapy left and would like to continue. On exam he has limited range of motion with stiffness and weakness to his right shoulder. 2 view x-rays of the right shoulder and right humerus were taken shows no increase in osteoarthritis. The treatment plan states there is a request for additional physical therapy 3 times a week for 4 weeks to help to continue to build muscle strength and range of motion to his right shoulder. He has completed 12 sessions thus far. The patient is a 37 year old female with a work injury dated 11/20/07. The diagnoses include impingement syndrome of the right shoulder. The patient is status post arthroscopy of the right shoulder with acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy, removal of loose bodies, and intraarticular injection on 1/14/14. He was approved for 12 post op physical therapy sessions. Under consideration is a request for physical Therapy 3x/wk (3 times/week) x4 wks (weeks) for the right shoulder. There is a primary treating physician report dated 3/4/14 that states that states he feels his right shoulder is getting better but still feels weak. He has one more session of physical therapy left and would like to continue. On exam he has limited range of motion with stiffness and weakness to his right shoulder. 2 view x-rays of the right shoulder and right humerus

were taken shows no increase in osteoarthritis. The treatment plan states there is a request for additional physical therapy 3 times a week for 4 weeks to help to continue to build muscle strength and range of motion to his right shoulder. He has completed 12 sessions thus far.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy 3x/wk (3 times/week) x4 wks (weeks) for the Right Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p. 98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The patient has had one half of the recommended post surgical visits for this condition. There are no objective documented findings submitted from his prior physical therapy that reveal evidence of functional progression. Without this documentation additional therapy cannot be recommended and therefore the request for Physical Therapy 3x/wk (3 times/week) x4 wks (weeks) for the Right Shoulder is not medically necessary.