

<b>Case Number:</b>	CM14-0053882		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Pain Management and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 50 year old male who sustained an injury to his right shoulder on 01/14/09 when the scaffold that he was working on fell about twelve feet to the ground. Electromyography and nerve conduction studies (EMG/NCS) of the bilateral upper extremities dated 09/21/10 was unremarkable. MRI of the right shoulder dated 09/22/11 reportedly revealed lateral downsloping of the acromion which impinged upon the supraspinatus tendon; no definite tear detected. Treatment to date has included platelet rich plasma injections, physical therapy, medications and activity modifications. The injured worker subsequently underwent right shoulder arthroscopic surgery, debridement of posterior labrum, synovectomy, arthroscopic decompression, and bursectomy on 01/26/12. The injured worker then underwent postoperative physical therapy and series of injections with 11/04/13 being the final date the injured worker received an injection. The injured worker continued to complain of right shoulder pain 8/10 visual analog scale (VAS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks to the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

**Decision rationale:** Previous request was denied on the basis that the dates and functional response to the postoperative physical therapy were not noted. There was no clinical documentation representing the therapy plan detailing therapy goals, remaining functional deficits to be addressed, endpoints of supervised care, and provisions for transition to a self-directed home therapy. There was no clinical documentation as to why an independent home exercise program would be insufficient to address any remaining functional deficits. The California Medical Treatment Utilization Schedule (MTUS) recommends up to twenty four visits over fourteen weeks, not to exceed six months for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support exceeding the California MTUS recommendations, either in frequency or duration of physical postoperative physical therapy visits. Given this, the request for physical therapy three times a week times four weeks for the right shoulder is not indicated as medically necessary.