

<b>Case Number:</b>	CM14-0056875		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 57 year old female with a work injury dated 6/22/12. The diagnoses include 8/26/13 status post manipulation of left shoulder, arthroscopy of left shoulder and subacromial decompression, arthroscopic distal clavicle resection arthroplasty, debridement of partial rotator cuff tear and interarticular and subacromial injection of the left shoulder on 8/26/13 . Under consideration is a request for physical Therapy x 12 for the left shoulder There is a primary treating physician (PR-2) document dated the patient has minimal bilateral trapezial trigger points, She has mild limitation of range of motion of her neck, She forward flexes 30 degrees, extension is limited to 20 degrees, right and left lateral bending are equal and symmetric to 20 degrees, Rotation is to 40 degrees in both directions, The patient shows no focal neurological deficit, C4 through T1 , to motor and sensory evaluation, The patient has well-healed stab wound incisions about the area of her left shoulder .The left shoulder range of motion in degrees is noted to be :abduction is 160, flexion is 165, external rotation is 65 an internal rotation is 70, and extension and adduction are both 20. There is a positive impingement sign and a negative Neer test in her left shoulder. The treatment plan includes request physical therapy 12 more sessions 2 times a week for 6 weeks. Both of these physical medicine visits should be within the first 6 months of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical  
Medicine: Adhesive Capsulitis.

**Decision rationale:** Physical Therapy x 12 for the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The guidelines state that for patient's surgery she can have up to 24 visits for rotator cuff surgery per the MTUS. 24 visits are allowed for manipulation of the shoulder per the ODG. The documentation indicates that patient had at least 24 visits of PT. An additional 12 visits would exceed guideline recommendations. The patient should be well versed in a home exercise program. There are no extenuating factors that warrant additional PT. The request for Physical Therapy x 12 for the left shoulder is not medically necessary.