

<b>Case Number:</b>	CM14-0072605		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational Medicine 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 37-year-old female with a 4/26/12 date of injury. The mechanism of injury was lifting, pushing and pulling a 300 lb box of freight during which she felt a pulling sensation in the right shoulder. An AME document dated 6/9/14 describes recent surgery- right shoulder arthroscopy, subacromial decompression and acromioclavicular joint resection. The primary treating physician's progress report date 6/17/14 describes the patient's recent arthroscopy. Subjectively, the patient describes pain with movement, but she was pain-free at rest. Objectively, the patient was doing well postoperatively, wearing a shoulder immobilizer. Diagnostic impression: Shoulder impingement syndrome. Treatment to date: Shoulder arthroscopy on 2/1/13, 6 sessions of physical therapy, activity modification. A UR decision dated 4/22/14 denied the request for physical therapy based on the fact that the surgery was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three (3) times a week times six (6) weeks right shoulder:** Overturned

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

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

**Decision rationale:** CA MTUS Postsurgical Treatment Guidelines support up to 24 sessions of physical therapy over 14 weeks for arthroscopic rotator cuff/impingement syndrome surgical repair. A progress note dated 6/9/14 indicated that the patient was post op from the shoulder surgery. A QME dated recommended 18 sessions of physical therapy postoperatively also. A UR decision prior was based on the fact that the surgery was non-certified. However, from the records provided for review, the patient is noted to be postop. Therefore, the physical therapy three (3) times a week times six (6) weeks for right shoulder is medically necessary.