

<b>Case Number:</b>	CM14-0085142		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

The underlying date of injury in this case is 09/20/2013. The date of the utilization review under appeal is 04/30/2014. Diagnoses include postoperative pain, decreased range of motion status post arthroscopy and subacromial decompression, synovectomy, and partial Mumford procedure. On 04/25/2014, a primary treating physician follow-up note is brief and handwritten and notes the patient presented with postoperative pain with decreased range of motion. The patient felt to be totally disabled, and additional physical therapy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3XWK X 4WKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines state that additional physical therapy may be prescribed if the surgeon or designated physician has determined that there are specific remaining functional goals. The medical records in this case are very limited and do not clearly discuss progress in prior physical therapy and a rationale and goals for additional

supervised physical therapy. The additional physical therapy is not supported by the records and treatment guidelines. This request is not medically necessary.