

<b>Case Number:</b>	CM14-0091299		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Nevada. 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 54 year-old male who was reportedly injured on 1/6/2013. The mechanism of injury is a lifting injury. The most recent progress note dated 2/28/2014. Indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: well healed surgical incision, abduction to 50, flexion 150, external rotation 60. Pain and weakness with supraspinatus testing. Multiple trigger points along the trapezius. Right elbow: range of motion 0-145. Tightness with full extension. Cervical spine has a positive Spurling's maneuver with local paracervical pain. Diagnostic imaging studies include a magnetic resonance image of the right shoulder dated 3/17/2014 reveals small tear of the superior labrum, tendinosis of the supraspinatus, infraspinatus and subscapularis, degeneration of the anterior labrum, acromioclavicular joint arthrosis and distal clavicle hypertrophy with supraspinatus impingement. Previous treatment includes right elbow surgery, right shoulder arthroscopy, medications and conservative treatment. A request was made for physical therapy of the right shoulder postoperatively #24, and was not certified in the pre-authorization process on 6/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 sessions of post-operative physical therapy for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support postsurgical physical therapy and recommend a maximum of 24 visits over 14 weeks within 6 months of arthroscopic shoulder surgery. The claimant underwent unknown number of previous sessions of physical therapy and continues to complain of right shoulder pain and stiffness. After review the medical documentation there was insufficient objective clinical findings for an additional 24 visits of physical therapy. Guidelines do not support additional physical therapy visits and this request is not considered medically necessary.