

<b>Case Number:</b>	CM14-0094469		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 60 year-old female who was reportedly injured on 5/10/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 6/18/2014, indicates that there are ongoing complaints of left shoulder pain status post-surgery. The physical examination states no change from physical exam last visit. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy and medication. A request was made for physical therapy of the left shoulder #12 visits and was not certified in the pre-authorization process on 5/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy of the left shoulder 12 visits:** Upheld

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

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

**Decision rationale:** Postsurgical treatment guidelines support the use of physical therapy. The injured worker is status post left shoulder arthroscopic surgery rotator cuff repair/slap lesion repair. They are authorized 24 physical therapy visits over 14 weeks. After review of medical records provided it is noted on this date of service that the patient has been released and will

follow up as needed. Without any subjective or objective clinical findings on physical exam the request for additional physical therapy visits are deemed not medically necessary.