

<b>Case Number:</b>	CM14-0095069		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family Practice 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:

67 yr. old male claimant sustained a work injury on 11/30/10 involving the bilateral shoulders, back, neck, bilateral hips and bilateral knees. He was diagnosed with lumbar facet syndrome with radiculopathy, left hip pain and a herniated L1-L2 disc. In addition, he had a left shoulder subacromial impingement syndrome and a SLAP tear for which he underwent surgery in 9/2012. He had undergone left shoulder arthropathy and developed muscle atrophy. He had undergone over 12 sessions of physical therapy postoperatively for the left shoulder. He was also given instructions for home exercises. He had made steady gains with strength and range of motion as noted in the 1st 8 treatments. A progress note on 6/2/14 indicated the claimant completed his last therapy session on 5/23/14. The claimant had "reinjured" his left shoulder from "overdoing." No exam findings were provided. An additional 12 sessions of therapy were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-operative physical therapy sessions left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the ACOEM and MTUS guidelines, therapy is recommended for initial evaluation, counseling and subsequent home exercises. Most diagnoses of myalgia and neuritis allow for up to 10 visits of therapy. In this case, the claimant had already completed adequate post-operative therapy. He developed subsequent symptoms due to overuse. He had undergone home exercises previously. There is no indication why home therapy cannot be continued. The request for additional physical therapy is not medically necessary.