

<b>Case Number:</b>	CM14-0095958		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 this 49-year-old male who was reportedly injured on March 2, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 26, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated a well healed surgical scar, no evidence of any intra-articular pathology and motor function was noted to be 5/5. A full range of motion was reported. Deep tendon reflexes were noted to be 2+. Sensation was intact. Diagnostic imaging studies were not reported. Previous treatment included surgical intervention and multiple visits of physical therapy. A request was made for additional physical therapy and was not certified in the pre-authorization process on May 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** When noting the date of injury, the injury obtained, the recent surgical intervention and the metaphysical therapy completed subsequent to that surgical intervention and

by the physical examination reported, there is no clinical indication for any additional formal physical therapy. There is a full range of motion. Motor function was 5/5, and there were no findings noted on physical examination. Therefore, while noting the parameters relative to postoperative surgical intervention is noted in the California Medical Treatment Utilization Schedule, the physical examination will not support any additional physical therapy, and transition to home exercise protocol is all that is working. This is not medically necessary.