

<b>Case Number:</b>	CM13-0041808		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Family Practice

### 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 62 year old male, who sustained an industrial injury on 8/23/10. He has reported left shoulder injury. The diagnoses have included cervical sprain/strain, multilevel cervical spine disc disease, thoracic spine sprain/strain with associated spasm, lumbar spine sprain/strain syndrome with lower extremity radiculitis, 4mm disc protrusion at L4-5 and developing adhesive capsulitis. Treatment to date has included repair of rotator cuff tear of left shoulder, physical therapy, intra-articular injection and transdermal lotion. X-rays of left shoulder and left humerus showed no increase of osteoarthritis. Currently, the injured worker complains of pain that goes up and down of left shoulder and physical therapy has helped. Physical exam dated 9/18/13 revealed tenderness to left shoulder on palpation. On 10/4/13 Utilization Review non-certified physical therapy, noting the injured worker had previously received 24 visits of physical therapy, which is the postsurgical recommended treatment per the guidelines. The MTUS, ACOEM Guidelines, was cited. On 10/14/13, the injured worker submitted an application for IMR for review of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 26.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the postsurgical treatment recommendations for a variety of orthopedic complaints. These guidelines include the specific physical therapy recommendations for shoulder conditions to include adhesive capsulitis. The MTUS guidelines indicate the following physical therapy recommendations: Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the patient has already received the maximum number of physical therapy sessions. It would be expected that the patient has been instructed on self-directed home exercise program. There is insufficient documentation to support the rationale that further physical therapy sessions, in excess of these MTUS recommendations are necessary. Therefore, for this reason, 12 sessions of physical therapy for the left shoulder is not considered as medically necessary.