

<b>Case Number:</b>	CM14-0116021		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 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:

This is a 50 yr. old male claimant who sustained a work injury on 10/9/12 involving the left shoulder and neck. An MRI of the cervical spine in 2013 showed cervical disc protrusions in C3-C7. He underwent a left shoulder arthroscopy on 3/17/14. The claimant had undergone at least 16 sessions of physical therapy after the surgery by June 2014. He had undergone epidural injections as well. A progress note on 7/3/14 indicated the claimant had pain in the cervical spine and the left shoulder. There was improvement in pain and function after the surgery. The treating physician recommended 8 additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy for the left shoulder, 1 times 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Pain

**Decision rationale:** According to the guidelines, most post-operative shoulder conditions allow for up to 24 sessions of physical therapy. In this case the claimant had already undergone 20

sessions. There was no indication that the claimant cannot perform additional exercises at home. The request for post-operative therapy visits is not medically necessary.