

<b>Case Number:</b>	CM14-0169211		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 44 year old female with a 12/7/12 injury date. The mechanism of injury was described as pulling on a box and feeling a crack with right shoulder pain. In a 10/8/14 note, the patient complained of pain over the anterior aspect of the right shoulder, and was making slow progress after surgery. Objective findings included right shoulder abduction to 130 degrees, external rotation to 90 degrees, and tenderness over the biceps tendon anteriorly. The provider noted that the patient has made slow progress in physical therapy and would potentially benefit from acupuncture. Diagnostic impression: s/p right shoulder arthroscopy, biceps tenodesis, subacromial decompression. The treatment to date includes right shoulder arthroscopy (5/5/14), physical therapy (30 sessions), medications, acupuncture, and home exercise. A UR decision on 9/19/14 denied the request for physical therapy (PT) 2 x 4 weeks for the right shoulder because the patient has already completed at least 30 post-op physical therapy sessions and there were no documented circumstances that would necessitate further formal PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 weeks right shoulder:** Upheld

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

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

**Decision rationale:** The CA MTUS supports 30 physical therapy sessions over 18 weeks after open surgical treatment for impingement syndrome. This patient had arthroscopic subacromial decompression and an open subpectoral biceps tenodesis in May 2014. However, there is documentation of completion of at least 30 sessions of physical therapy in the post-op period. There are no documented objective findings that would justify further PT such as weakness in specific muscle groups or reduced range of motion. There is no information that explains why a transition to a home exercise program is not appropriate at this point. Therefore, the request for physical therapy 2 x 4 weeks right shoulder is not medically necessary.