

<b>Case Number:</b>	CM14-0175280		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 46 year old male with a date of injury of 05/16/2012. He tripped over a box of gutters and landed on his left side. He had a rotator cuff strain/sprain. On 03/13/2014 a MRI of the left shoulder revealed mild tendonosis of the supraspinatus and infraspinatus tendons. There was no rotator cuff tear. A left upper extremity electromyography (EMG) was normal. On 07/10/2014 a substance abuse program was recommended because he was taking high doses of opiates and requested more. On 09/10/2014, the left shoulder range of motion was decreased 20 to 30 degrees. Neer sign and Hawkins sign were positive. There was spasm of the lumbar paraspinal muscles. Upper extremity strength and reflexes were normal. The impression was left shoulder impingement and lumbar radiculopathy right S1. The request is for 12 post-operative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 post-operative physical therapy sessions to the left shoulder, 3 times a week for 4 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-214, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder- Continuous Flow Cryotherapy, Continuous Passive Motion Device

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The patient has left shoulder impingement and a request for 12 post-operative physical therapy visits is within MTUS, post surgery physical therapy (allows a maximum of 24 physical therapy visits over 14 weeks post surgery). However, the patient has not had left shoulder surgery and the request for left shoulder surgery was not certified prior. Thus, post-operative physical therapy is not medically necessary since the patient has no history of surgery or certified to have surgery.