

<b>Case Number:</b>	CM14-0188897		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Emergency Medicine 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:

The injured worker is a 41 year-old female who sustained an injury on January 28, 2014. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: July 8, 2014 left shoulder rotator cuff repair. The current diagnoses are: s/p (status post) left shoulder arthroscopy, calcific tendonitis. The stated purpose of the request for Physical Therapy 2x4 was not noted. The request for Physical Therapy 2x4 was denied on October 16, 2014, citing a lack of documentation of medical necessity for additional therapy sessions beyond the 36 sessions already completed. Per the report dated October 8, 2014, the treating physician noted complaints of left shoulder pain. Exam findings included improved left shoulder range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27, recommend up to 24 post-op physical therapy

sessions for this condition. The injured worker has left shoulder pain. The treating physician has documented improved left shoulder range of motion. The treating physician has not documented the medical necessity for additional physical therapy for the shoulder beyond referenced guideline recommendations to accomplish a transition to an independent dynamic home exercise program. The criteria noted above not having been met. Physical Therapy 2x4 is not medically necessary.