

<b>Case Number:</b>	CM14-0190994		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgeon 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 female with a date of injury of October 24, 2014. She has painful right shoulder. She also complains of neck pain. On physical examination she has reduced range of shoulder motion. She has a painful range of shoulder motion. She had an injection into her trapezius muscles which did not provide relief. She has had physical therapy in the past. She continues to have chronic shoulder pain. Patient had an MRI of the right shoulder in 2014 which document a small full-thickness supraspinatus tendon tear. Patient is diagnosed with right shoulder capsulitis and frozen shoulder. She also is diagnosed with partial rotator cuff tear. Patient has been indicated for surgery. At issue is whether additional physical therapy after surgery for the right shoulder is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Physical therapy, three times a week for four weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** MTUS chronic pain treatment guidelines indicate to authorize physical therapy after shoulder surgery. However guidelines recommend initial short course of physical

therapy prior to proving any additional physical therapy postoperatively. There should be documented improvement with the initial short course of physical therapy. The request for postoperative physical therapy 3 times a week for 4 weeks is excessive and should not be approved. There should be documented improvement with a short course of postoperative physical therapy prior to proving any additional postoperative physical therapy. Therefore the request is not medically necessary.