

<b>Case Number:</b>	CM14-0204231		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2014

### 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 Surgery, has a subspecialty in Sports 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 58-year-old male who reported an injury on 09/09/2011. The mechanism of injury was not provided within the submitted documentation for review. His diagnosis includes chronic shoulder pain. His past treatments included acupuncture and physical therapy. Diagnostic studies include an MRI of the right shoulder dated 03/06/2014 with impression of acromioclavicular osteoarthritis and bicipital tenosynovitis. His pertinent surgical history was heart catheterization in 2014. On 04/08/2014, the patient presented with complaints of constant right shoulder pain which he stated is localized, with numbness and tingling in his finger. He also complained of limited range of motion, weakness, as well as a clicking sensation. The injured worker further complained the pain increased with rotation, reaching overhead, raising his arm laterally, lifting and carrying over 5 to 7 pounds, pushing, and pulling. The injured worker further stated that he had difficulty taking showers, and tending to his grooming and getting dressed. Objective physical exam findings were not provided within the submitted documentation for the review. His current medication regimen was not included within the submitted documentation. The treatment plan was not included in the submitted documentation for review. The rationale for the request was not provided. A Request for Authorization form was not provided within the submitted documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8-12 Post-surgical physical therapy sessions, right shoulder 2-3 times for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

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

**Decision rationale:** The request for 8-12 post-surgical physical therapy sessions, right shoulder 2-3 times for 4 weeks is not medically necessary. The injured worker has chronic right shoulder pain. The California MTUS Postsurgical Rehabilitation Guidelines state if surgery is performed in the course of treatment for shoulder complaints, the postsurgical treatment guidelines in section for postsurgical physical medicine shall apply together with any other applicable treatment guidelines found in the MTUS. The clinical documentation submitted for review indicates that the surgery requested for the right shoulder was deemed not medically necessary. As the shoulder surgery was found to be not medically necessary, the postsurgical physical therapy sessions are not medically necessary. As such, the request for 8-12 post-surgical physical therapy sessions, right shoulder 2-3 times for 4 weeks is not medically necessary.