

<b>Case Number:</b>	CM14-0205001		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehabilitation, has a subspecialty in Pain 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 50-year-old female with an original date of injury of June 5, 2013. The industrial diagnoses include chronic right shoulder pain and couple tunnel syndrome. The patient has a history of initial right shoulder arthroscopy on January 25, 2013 then another shoulder surgery on March 20, 2014. According to a progress note on July 30, 2014, the patient had been receiving physical therapy but continued to experience pain, numbness and tingling. According to a physical therapy note on October 14, 2014, the patient had attended 20 sessions of physical therapy to date. The disputed issue is a request for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of physical therapy for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-12 and 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

**Decision rationale:** According to CA MTUS postoperative guidelines, the general recommendation is for 24 visits of physical therapy following shoulder arthroscopic surgery. According to a physical therapy note on October 14, 2014, the patient had attended 20 sessions of physical therapy to date. There is no indication of any interim reinjury or documentation of a trial of a home exercise program. The request for eight additional sessions of physical therapy is in excess of guidelines, and the independent medical review process cannot modify requests. This request is not medically necessary.