

<b>Case Number:</b>	CM14-0208082		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Occupational 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:

This individual is a female who developed shoulder problems subsequent to an injury dated 4/12/12. She has undergone surgery with a SLAP repair. Post surgery she completed 22 visits of physical therapy, but developed tightness and has had secondary surgery consisting of manipulation and lysis of adhesions for adhesive capsulitis. She has had 8 sessions of therapy post the secondary surgery. An additional 8 sessions are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy right shoulder 2 x 4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** This patient essentially has had 2 procedures on her shoulder each of which would qualify for therapy that is supported by the MTUS Post-surgical Guidelines. The second surgery qualifies for 24 sessions of postoperative therapy. The request for an additional 8 sessions is within Guideline recommendations. The physical therapy for the right shoulder 2 X 4 is medically necessary.