

<b>Case Number:</b>	CM14-0209667		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 40-year old female who reported an injury on 02/08/2005. The mechanism of injury was unspecified. Her diagnoses include left shoulder frozen capsulitis, right shoulder frozen capsulitis, neck pain, bilateral shoulder pain, and bilateral surgical radiculopathy. Her past treatments include surgery, medications, injections, and 33 physical therapy visits. The pertinent surgical history included a rotator cuff repair on 12/09/2013 and a right shoulder capsular release on 06/23/2014. On 10/01/2014, the injured worker complained of neck pain and bilateral shoulder pain. The physical examination of the right shoulder revealed range of motion with flexion at 140 degrees, abduction at 110 degrees and extension at 10 degrees. The injured worker was also indicated to have positive Hawkins and Speed's test bilaterally and tenderness to palpation over the bilateral supraspinatus, rhomboid, subacromion, and biceps tendons. In addition, the injured worker sensation and deep tendon reflexes were indicated to be within normal values. Her relevant medications included Norco, Lidoderm, Zanaflex, diclofenac, and omeprazole. The treatment plan included Post-op Physical Therapy 2x3 weeks (6 sessions) for the right shoulder. A rationale was not provided. A Request for Authorization Form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy 2x3 weeks (6 sessions) for the right shoulder: Upheld**

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

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

**Decision rationale:** The request for Post-op Physical Therapy 2x3 weeks (6 sessions) for the right shoulder is not medically necessary. According to the California MTUS Postsurgical Guidelines, patients who undergo an adhesive capsulitis procedure are allotted 24 postsurgical physical medicine visits over 6 months. The injured worker was indicated to have undergone 30 sessions of physical therapy. However, there was lack of documentation to include effective functional improvement with the previous physical therapy sessions. Furthermore, there was also a lack of documentation to indicate the injured worker had a structured home exercise program following the previous physical therapy sessions. Based on the above, the request is not supported by the evidence based guidelines. In addition, the request exceeds the suggested number of visits recommended by the guidelines. As such, the request is not medically necessary.