

<b>Case Number:</b>	CM15-0001942		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a male, who sustained an industrial injury, on April 4, 2014. The injured workers chief complaint was left a shoulder pain. The injured worker was diagnosed with left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, left shoulder adhesive capsulitis and status post left shoulder surgery. The injured worker had left shoulder surgery on October 10, 2013. The injured worker had a manipulation of the left shoulder under anesthesia, July 17, 2014. Since June 16, 2014 through September 16, 2014, the injured worker received approximately 30 physical therapy visits. The injured worker has also had chiropractic services, anti-inflammatory and pain medications. On December 5, 2014, the UR denied postoperative physical therapy for 3 times a week for 4 weeks to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 3 Times A Week for 4 Weeks for The Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): pages 26 and 27.

**Decision rationale:** The medical records indicate this patient has had shoulder surgery. The patient still has chronic shoulder pain. The records reveal 30 postop PT visits. There is no documentation of significant clinical improvement with postop PT. MTUS guidelines do not support more PT in this case. The patient has exceeded the recommended number of postop PT visits and does not have documented improvement.