

<b>Case Number:</b>	CM15-0105289		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on August 14, 2013. Treatment to date has included shoulder open biceps tenodesis with subacromial decompression with acromioplasty and debridement. Currently, the injured worker complains of dull, throbbing pain which she rates a 6 on a 10-point scale. She reports that the pain is made worse with lifting overhead and she uses a sling and abduction pillow. On physical examination, she has a well-healed biceps tenodesis incision and healed arthroscopic portals. She has no tenderness to palpation over the acromioclavicular joint and a compression test is negative. Her range of motion was limited and performed without difficulty. She had normal sensory examination and had decreased motor strength. The diagnoses associated with the request include status post right shoulder open biceps tenodesis and right shoulder arthroscopy. The treatment plan includes twelve sessions of physical therapy, continued use of sling and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The patient has ongoing right shoulder pain. The current request is physical therapy 2 x a week for 6 weeks for the right shoulder. The records indicate the patient underwent right shoulder surgery on 03/11/15. The CA MTUS post-surgical guidelines do allow 24 visits over 14 weeks with a post-surgical treatment period of six months. In this case the records indicate the patient underwent 12 initial physical therapy visits. However, there is no documentation of favorable response to the initial 12 physical therapy sessions. As such, the available medical records do not support medical necessity for the request of additional physical therapy.