

<b>Case Number:</b>	CM15-0138624		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old female, who sustained an industrial injury on 10/2/2006. She reported left shoulder pain. Diagnoses have included right shoulder adhesive capsulitis, impingement, possible labral tear and possible rotator cuff tear. Treatment to date has included cortisone injections, right shoulder surgery, physical therapy and medication. According to the progress report dated 6/12/2015, the injured worker was still struggling with right shoulder pain. She was about eight months out from her right shoulder rotator cuff repair, biceps tenotomy and decompression. She still had stiffness. Physical exam revealed forward elevation to 130 degrees, abduction to 40 degrees and external rotation to 60 degrees; internal rotation was to the mid lumbar level. Authorization was requested for right shoulder surgery with post-op physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical therapy 2 x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 10 and 26.

**Decision rationale:** Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, the patient has a pending shoulder surgery, but the request exceeds the amount of initial PT recommended by the CA MTUS (12 sessions) and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.