

<b>Case Number:</b>	CM15-0147463		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 65-year-old female, who sustained an industrial injury on 6-19-2014. Diagnoses include left shoulder humerus fracture. Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) of left proximal humerus fracture with subsequent development of adhesive capsulitis for which hardware removal was performed with manipulation under anesthesia on 4-08-2015) as well as postoperative physical therapy. Per the Primary Treating Physician's Progress Report dated 6-01-2015, the injured worker reported improved function. Physical examination of the left shoulder revealed flexion of 160, extension of 60 and internal rotation L1. There was weak abduction and external rotation. She has received 17 sessions of physical therapy to date. She exhibits significant improvements in mobility and strength, albeit pain limited. The plan of care-included continuation of physical therapy and authorization was requested for 12 additional sessions of post-op physical therapy for the left shoulder (3x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Op Physical Therapy Left Shoulder 3x4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical medicine Page(s): 98-99.

**Decision rationale:** CA MTUS guidelines recommend up to 24 visits in post-operative patients. In this case, the patient had shoulder surgery on 4/8/2015. By 6/19/2015, she had received 25 sessions of PT with significant improvement in mobility and strength. The request is now for an additional 12 PT visits. At this point, no rationale has been given as to why PT is required over home exercise therapy. After 25 visits, the patient should have been instructed in a home exercise program. No rationale has been given for an additional 12 visits, therefore the request is deemed not medically necessary.