

<b>Case Number:</b>	CM15-0149420		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Oregon, 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 is a 52 year old male with an industrial injury dated 03-19-2014. The injured worker's diagnoses include rotator cuff sprain and strain, adhesive capsulitis of shoulder and other infections of shoulder region. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 07-22-2015, the injured worker presented regarding his left shoulder pain. The injured worker is status post left shoulder arthroscopy dated 04-07-2015 with daily improvement. The injured worker reported the discontinuation of all medications with the exception of omeprazole. Objective findings revealed no acute distress, 90% full active range of left shoulder motion without pain and 4 out of 5 rotator cuff strength without pain on isolation or loading. The treating physician reported that the injured worker was doing well status post left shoulder surgery and the treatment plan consisted of trial of H wave unit, continuation of physical therapy, home exercise therapy with heat and ice therapy and a follow up reevaluation. The treating physician prescribed services for physical therapy for the left shoulder 2 times a week for 4 weeks, quantity: 8 sessions, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder 2 times a week for 4 weeks, quantity: 8 sessions:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** Per the CA MTUS/ Post Surgical Treatment Guidelines, page 26, 24 visits is authorized over 14 weeks following surgery for Rotator cuff syndrome/Impingement syndrome. In this case, the claimant has maximized the 24 visits in the record. As of 7/1/15, this patient was on visit #23 with physical therapy. The requested additional sessions with physical therapy exceed the maximum number of visits (24). There is insufficient evidence to support further physical therapy beyond the guidelines.