

<b>Case Number:</b>	CM15-0164252		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 Jersey, New York  
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 46 year old male, who sustained an industrial injury on 9-24-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having a left shoulder arthroscopy with mild persistent pain and adhesive capsulitis of the shoulder. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-21-2015, the injured worker complains of postsurgical residual tightness. Physical examination showed mildly painful left shoulder range of motion. The treating physician is requesting Physical Therapy 2 times a week for 6 weeks for the Left Shoulder.

### 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 Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Shoudler Procedure Summary Online Version.

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

**Decision rationale:** The request is considered not medically necessary. According to the chart, he has completed 24 sessions of physical therapy which improved symptoms. The requested 12 additional visits would exceed the recommended limit of 24 visits over 14 weeks with a treatment period of 6 months, according to MTUS guidelines. At this point, the patient should be transitioned to a home exercise program. Therefore, the request is considered not medically necessary.