

<b>Case Number:</b>	CM15-0195640		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

### 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 55 year old female, who sustained an industrial injury on December 12, 2013, incurring left shoulder injuries. She was diagnosed with a left shoulder impingement syndrome. Treatment included physical therapy and home exercise program, shoulder splinting, pain medications, antianxiety and topical cortisone cream and activity restrictions. Currently, the injured worker complained of persistent left shoulder pain radiating into the left upper arm aggravated by lying on the left side arm and hand activities. She noted stiffness and limited range of motion in the left upper extremity. She underwent a left shoulder arthroscopy and capsular release with a subacromial decompression on April 13, 2015. The treatment plan that was requested for authorization included 6 sessions of physical therapy to the left shoulder. On August 13, 2015, a request for 6 sessions of physical therapy for the left shoulder was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, left shoulder, QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Review indicates the patient is s/p left shoulder arthroscopy and capsular release with a subacromial decompression on April 13, 2015 with 24 post-op PT. Clinical exam showed range of FF 100, IR of T12 and ER of 45 degrees with normal motor strength and sensation. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received 22 PT visits of the 24 authorized without specific demonstrated clinical deficits or functional limitations to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. The patient is without tenderness, has full passive shoulder range with 5/5 motor strength and negative orthopedic testing to support further therapy as the patient should have been transitioned to an independent home exercise program. There is no ADL limitations noted or extenuating circumstances to allow for further therapy outside guidelines criteria. The Physical therapy, left shoulder, QTY: 6 is not medically necessary and appropriate.