

<b>Case Number:</b>	CM15-0196508		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Emergency Medicine

### 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 38-year-old male injured worker suffered an industrial injury on 4-1-2011. The diagnoses included left shoulder arthroscopy 4-28-2015 and left shoulder impingement syndrome. On 9-14-2015, the treating provider reported a follow up visit for the left shoulder. On exam, the injured worker reported he was doing fairly well about the left shoulder and x-rays were taken. The results of the left shoulder x-rays were not included in the medical record. The provider noted he requested additional 12 session of physical therapy to maintain strength and function. The results of the prior physical therapy were not included in the medical record. Prior treatment included post-operative physical therapy. Request for Authorization date was 9-18-2015. The Utilization Review on 9-25-2015 determined non-certification for Physical Therapy, three times a week for four weeks to 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, three times a week for four weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Shoulder, Physical Therapy.

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

**Decision rationale:** The requested Physical Therapy, three times a week for four weeks to the left shoulder, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27 recommend up to 24 post-op physical therapy sessions for this condition. The injured worker had a left shoulder arthroscopy 4-28-2015 and left shoulder impingement syndrome. On 9-14-2015, the treating provider reported a follow up visit for the left shoulder. On exam, the injured worker reported he was doing fairly well about the left shoulder and x-rays were taken. The results of the left shoulder x-rays were not included in the medical record. The provider noted he requested additional 12 session of physical therapy to maintain strength and function. The results of the prior physical therapy were not included in the medical record. Prior treatment included post-operative physical therapy. The treating physician has not documented the medical necessity for additional physical therapy for the left shoulder beyond referenced guideline recommendations to accomplish a transition to an independent dynamic home exercise program. The criteria noted above not having been met, Physical Therapy, three times a week for four weeks to the left shoulder is not medically necessary.