

<b>Case Number:</b>	CM15-0040589		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 71-year-old male sustained an industrial injury on 2/10/09 via cumulative trauma to bilateral shoulders, knees, hips, hands and back. Previous treatment included injections, physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit, total knee replacement and medications. In a PR-2 dated 1/21/15, the injured worker was status post left shoulder arthroscopy (11/12/14). Physical exam was remarkable for left shoulder with a well-healed surgical incisional scar, diminished range of motion and tenderness to palpation. Current diagnoses included left shoulder sprain/strain and left shoulder impingement syndrome. The treatment plan included additional postoperative physical therapy twice a week for four weeks.

### 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, QTY: 8:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** While treating physician's office notes are nearly illegible, it does appear that the injured worker has made some gains in shoulder range of motion during the initial 12 postoperative PT sessions. MTUS recommends up to 24 postoperative therapy sessions for this condition. Based upon progress to date, the requested 8 additional PT sessions are reasonable and medically necessary.