

<b>Case Number:</b>	CM15-0047046		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: 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 38 year old male who sustained a work related injury on April 1, 2011. He complained of low back, neck and left shoulder pain. He was diagnosed with anterior capsulitis, and shoulder impingement with an anterior labral tear. Treatment included pain medications, electromyogram studies, Magnetic Resonance Imaging (MRI), chiropractic manipulation, heat and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the injured worker complained of persistent pain in the left shoulder and a frequent pain in his neck. The current plan of care for the injured worker was shoulder surgery. The treatment plan that was requested for authorization included post operative 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:

**Post op physical therapy 3 times a week for 4 weeks (12 sessions), left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The MTUS/Post-Surgical Treatment Guidelines (9792.24.3) comment on the use of physical therapy for the shoulder in the post-operative period. These guidelines provide comment on the specific number of sessions authorized for a given shoulder procedure in the post-operative period. However, in this case, the necessity of the shoulder operation has not been established. Without the establishment of the necessity of an indication for surgical treatment of this patient, there is no need for approval of post-operative physical therapy. If the proposed surgery is approved, then the request for post-operative physical therapy should be resubmitted. At this time post-operative physical therapy 3 times a week for 4 weeks (12 sessions) to the left shoulder is not considered as medically necessary.