

<b>Case Number:</b>	CM13-0067436		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female who reported an injury on 04/26/2010 due to cumulative trauma while performing normal job duties. The patient underwent arthroscopic shoulder repair for impingement syndrome on 04/15/2013. This was followed by approximately 24 visits of physical therapy. The patient was evaluated on 10/02/2013. It was documented that the patient had 5/10 neck pain and 6/10 right shoulder pain. There was grade 2 tenderness to palpation, muscle spasming over the right shoulder that was previously a grade 3 and responsive to physical therapy and extracorporeal shockwave therapy. Diagnoses included cervical spine musculoligamentous strain/sprain exacerbation, right shoulder sprain/strain, right shoulder tendonitis, impingement syndrome, bursitis and rotator cuff tear. Treatment plan included an additional 12 visits of physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS guidelines recommends up to 24 visits of physical therapy in the postoperative treatment of surgical intervention for impingement. The clinical documentation submitted for review does indicate that the patient has participated in approximately 24 visits of physical therapy. The clinical supports that the patient has continued deficits; however, California MTUS recommends that injured workers be transitioned into a home exercise program. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. There are no factors to preclude further progress of the injured worker while participating in an independent self managed home exercise program. As such, the requested physical therapy 2 twice a week for 6 weeks for the right shoulder is not medically necessary and appropriate.