

<b>Case Number:</b>	CM14-0131689		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 41 year old female who was injured on 8/7/2013. She was diagnosed with left shoulder impingement/adhesive capsulitis and left knee pain. She was treated with surgery (left shoulder labral repair 2/7/14), physical therapy (27 sessions), medications, knee injections. On 7/22/2014, the worker was seen by her treating physician complaining of persistent left knee pain and stiffness of the shoulder. Physical examination of the left shoulder revealed decreased range of motion and strength. She was then recommended physical therapy for her left shoulder for aggressive range of motion activities and strength conditioning. Strength conditioning and training was not an emphasis reportedly in previous physical therapy sessions of the left shoulder after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Left Shoulder 2 x 6 (12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines state that following shoulder surgery for adhesive capsulitis, up to 24 supervised physical therapy sessions over up to

14 weeks may be recommended based on documented evidence of functional improvement with the physical therapy. In the case of this worker, who had completed as much as 27 sessions of physical therapy for her left shoulder following her surgery, there was not any clear evidence of functional benefit from the most recent sessions prior to this request which might have helped warrant further sessions. However, the worker remained restricted in movement and strength even after many supervised sessions. At this point, she should have been instructed on how to continue a home exercise program to help further improve or at least maintain the benefit provided from prior physical therapy. Therefore, the 12 more left shoulder physical therapy sessions are not medically necessary.