

<b>Case Number:</b>	CM14-0135689		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Orthopaedic Surgery 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:

Currently, the injured worker is being treated for a diagnosis of left shoulder acromioclavicular arthrosis, possible Superior Labrum Anterior and Posterior tear, and supraspinatus tendinosis after a work related injury. The injured worker as undergone 18 physical therapy sessions from the injury date to 6/20/2014 with the injury date occurring on 5/21/2013. Following Official Disability Guidelines from shoulder chapter, physical therapy can be initiated with the above mentioned diagnoses. For Superior Labrum Anterior and Posterior tears, 10 sessions over 8 weeks can be initiated. For osteoarthritis, 9 visits over 8 weeks can be initiated. For a sprained shoulder diagnosis, 10 visits over 8 weeks can be initiated. The injured worker has clearly had more therapy sessions for the left shoulder following current Official Disability Guidelines. In addition, since the magnetic resonance imaging scan examination on 4/25/2014, showing supraspinatus tendinosis, subacromial bursitis, partial undersurface supraspinatus tear, acromioclavicular arthrosis and possible labral tear, the patient has had at least 11 physical therapy sessions that have been reviewed with the documents provided. The treating physician has also documented improved range of motion with the last clinic note on 6/25/2014 with no other objective findings noted. There is no evidence to support the request for 18 additional physical therapy sessions at this time. The request is denied based on current Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 physical therapy sessions between 7/31/2014 and 9/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Chapter: Shoulder / Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy.

**Decision rationale:** Following Official Disability Guidelines from shoulder chapter, physical therapy can be initiated with the above mentioned diagnoses. For Superior Labrum Anterior and Posterior tears, 10 sessions over 8 weeks can be initiated. For osteoarthritis, 9 visits over 8 weeks can be initiated. For a sprained shoulder diagnosis, 10 visits over 8 weeks can be initiated. The injured worker has clearly had more therapy sessions for the left shoulder following current Official Disability Guidelines. In addition, since the magnetic resonance imaging scan examination on 4/25/2014, showing supraspinatus tendinosis, subacromial bursitis, partial undersurface supraspinatus tear, acromioclavicular arthrosis and possible labral tear, the patient has had at least 11 physical therapy sessions that have been reviewed with the documents provided. The treating physician has also documented improved range of motion with the last clinic note on 6/25/2014 with no other objective findings noted. There is no evidence to support the request for 18 additional physical therapy sessions at this time. The request is denied based on current Official Disability Guidelines.