

<b>Case Number:</b>	CM14-0160575		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and 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 underlying date of injury in this case is 12/09/2010. The date of the utilization review under appeal is 09/05/2014. This patient is status post right shoulder surgery on 10/02/2013 and was authorized for 50 postoperative physical therapy visits. On 07/31/2014, the treating physician saw the patient in followup and noted the patient was doing reasonably well and had range of motion of shoulder flexion of 160 degrees right versus 165 degrees left as well as external rotation of 60 degrees bilaterally. The treating physician noted the patient was doing very well and would still benefit from physical therapy on the right side. An initial physician review notes that there was an office note of 08/28/2014 (which is not available currently), and at that time the patient had full motion and intact strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 Weeks-Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): page 99.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. This patient has undergone extensive past physical therapy to both shoulders. The records do not provide a rationale or indication as to why additional supervised, rather than independent, rehabilitation would be indicated at this time. This request is not medically necessary.

**Physical Therapy 2x4 Weeks- Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): page 99..

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, page 99, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. This patient has undergone extensive past physical therapy to both shoulders. The records do not provide a rationale or indication as to why additional supervised, rather than independent, rehabilitation would be indicated at this time. This request is not medically necessary.