

<b>Case Number:</b>	CM14-0183589		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Internal Medicine 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 patient is an injured worker with a history of right shoulder injury. Date of injury was 10-08-2013. The doctor's first report of occupational injury dated 10/8/13 documented subjective complaints of right shoulder and buttocks pain. Objective findings included left shoulder tenderness with full range of motion. There was no impingement signs and the upper extremity is neurovascularly intact. Diagnosis right shoulder strain. The initial physical therapy evaluation report dated November 12, 2013. documented a diagnosis of buttocks pain and contusion. The patient reported a fall at work on 10/08/13. The patient was climbing a ladder at work when it collapsed. The patient fell onto her buttocks from approximately four feet high. The patient complained of low back, sacrum, buttock discomfort. Physical examination was documented. The patient demonstrated functional active range of motion of trunk. The patient had no complaints of discomfort when performing range of motion. The patient reported equal sensation to light touch bilateral lower extremities. The patient demonstrated good strength of bilateral lower extremities with manual muscle testing. Diagnoses were status post fall, low back, sacrum, buttock pain complaints, decreased sitting tolerance, decreased supine laying tolerance, decreased driving ability, decreased functional ability. The primary treating physician's progress report dated 4/21/14 documented a history of right shoulder strain and contusion. Objective findings included sacrum and coccyx tenderness. The patient had not been describing shoulder discomfort. The request for authorization dated 10/6/14 requested right shoulder surgery and twelve visits of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Post operative physical therapy twice a week for six weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for rotator cuff syndrome, 24 visits of postsurgical physical therapy are recommended. The request for authorization of right shoulder surgery and twelve visits of post-operative physical therapy was dated 10/6/14. The latest progress report submitted for review was dated 4/21/14. The primary treating physician's progress report dated 4/21/14 documented that the patient had not been reporting shoulder discomfort. Recent progress reports were not submitted for review. The submitted medical records do not document the authorization or performance of shoulder surgery. Therefore, the request for post-operative physical therapy is not supported. The request for Post operative physical therapy twice a week for six weeks for the right shoulder is not medically necessary. .Therefore, the request for Post operative physical therapy twice a week for six weeks for the right shoulder is not medically necessary.