

<b>Case Number:</b>	CM14-0028107		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 43-year-old female who was injured on August 17, 2011. The clinical records provided for review included a progress report dated January 27, 2014 indicating that the claimant is status post a recent right shoulder arthroscopy, capsular release, and manipulation under anesthesia. Physical examination showed mild limitations in terms of internal rotation with no effusion and no motor deficit. Recommendations at that time were for a continued strengthening program with an additional course of physical therapy. The records document that the claimant has been treated with physical therapy since the time of surgery on October 3, 2013; there have been twenty-eight authorized sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines following adhesive capsulitis recommend twenty-four sessions of therapy over a fourteen week period of time. At the time of

the request, the claimant was past the fourteen week treatment period following the surgical process and has already undergone twenty-eight sessions of therapy to date. The additional eight sessions of physical therapy would exceed the recommendation of the guidelines, and would not be indicated. The documentation within the records does not support that this claimant is an exception to the standard guideline recommendations; therefore, the request is not medically necessary.