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| <b>Case Number:</b>   | CM14-0094533 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 10/18/2013 |
| <b>Decision Date:</b> | 06/26/2015   | <b>UR Denial Date:</b>       | 06/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

### 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 injured worker is a 44 year old male who sustained an industrial injury on October 18, 2013. He has reported a right shoulder injury and has been diagnosed with right shoulder rotator cuff injury, history of right shoulder dislocation, right shoulder tendonitis, right shoulder sprain/strain injury, and right shoulder rotator cuff tendonitis. Treatment has included electro-acupuncture and medications. There is decreased right shoulder range of motion. There was positive rotator cuff impingement test of the right shoulder. The injured worker was wearing a sling. Deep tendon reflexes were 2/2 for biceps, triceps, and brachioradialis. Light touch was present in both upper extremities with decreased right shoulder range of motion. The treatment request included postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post - operative physical therapy 2 x week x 6 weeks right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** MTUS 2009 recommends up to 24 sessions for post-operative therapy to correct dislocation of the shoulder. The patient reportedly had a shoulder dislocation but there is no record of any surgery performed. There is no operative report, there are no post-operative shoulder visits and utilization review apparently denied the request for surgery. Based upon the lack of evidence that surgery was performed, this request for post-operative physical therapy is not medically necessary.