

<b>Case Number:</b>	CM15-0016778		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 47 year old female, who sustained an industrial injury on 02/11/2014. On provider visit dated 12/16/2014 the injured worker has reported pain right shoulder pain and left shoulder pain. On examination she was noted to have a decreased range of motion on both shoulders. The diagnoses have included status post right shoulder surgery with residual and left shoulder impingement. Treatment to date has included therapy. Treatment plan included continued therapy, medication and follow up care. On 01/08/2015 Utilization Review non-certified Continue Physical Therapy 2x6 Right Shoulder, as not medically necessary. The CA MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical Therapy 2x6 Right Shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines - shoulder PT

**Decision rationale:** The available medical records report pain in shoulder status post multiple physical therapy visits provided to date. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self directed program to complement physical therapy to provide ongoing improvement. ODG guidelines do not support physical therapy for ongoing treatment of shoulder pain when used along. Additional physical therapy is not supported based on these findings.