

<b>Case Number:</b>	CM15-0042244		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 53 year old female who sustained an industrial injury on 02/01/13. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, medication, and physical therapy. Diagnostic studies are not discussed. Current complaints include low back pain that radiates to her lower extremities. In a progress note dated 10/20/14, the latest note available for review in the submitted record, the treating provider recommends tramadol, Celebrex and a urine drug screen. The requested treatment is a physical therapy evaluation for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x evaluation for right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder/Physical therapy.

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

**Decision rationale:** Guidelines recommend up to 24 physical therapy sessions for post-surgical treatment. In this case, the patient completed 23 of 24 authorized visits of physical therapy and was to begin a home exercise program. Thus, the request for physical therapy 1x is not medically appropriate and necessary.