

<b>Case Number:</b>	CM15-0069034		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 45 year old female who sustained an industrial injury on 05/03/2013. Diagnoses include status post left shoulder arthroscopic subacromial decompression, right shoulder subacromial impingement syndrome, secondary to overuse, status post right shoulder arthroscopy subacromial decompression, including anterior acromioplasty, resection of coracoacromial ligament, subdeltoid bursectomy, and subacromial bursectomy, arthroscopic resection of the right distal clavicle on 01/19/2015. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and a right shoulder injection. A physician progress note dated 03/18/2015 documents the injured worker has left shoulder pain rated 4 out of 10 on the pain scale and right shoulder pain rated 5 out of 10. Left shoulder has a positive Neers, and range of motion is painful. She has full range of motion of the right shoulder. The treatment plan is to continue medications. Treatment requested is for physical therapy for the right shoulder, three times weekly for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the right shoulder, three times weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
 Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Guidelines recommend physical medicine be delivered in a given frequency of 9-10 visits over 8 weeks and tapered and transitioned to a self directed home program. In this case, the patient was s/p shoulder surgery and had 8 visits of physical therapy for the right shoulder. The clinical records do not document the total number of physical therapy sessions completed post surgery and there is no documentation of any objective functional improvement through prior therapy. The request for physical therapy 3x/week for 6 weeks is not medically necessary and appropriate.