

<b>Case Number:</b>	CM13-0059611		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 49 year old female, who sustained an industrial injury on 3-10-09. The injured worker was diagnosed as having left shoulder impingement and status post left shoulder arthroscopy on 6-26-13. Medical records (6-20-13 through 8-22-13) indicated difficulty moving into flex and abduction secondary to pain and "tight" and 6 out of 10 pain. The physical exam (7-23-13 through 8-22-13) revealed a negative Hawkin's sign and range of motion was 135-145 degrees flexion and 105-140 degrees abduction. As of the PR2 dated 11-1-13, the injured worker reports continued pain in the bilateral shoulders. Objective findings include positive left shoulder impingement sign and spasms. Treatment to date has included post-op physical therapy and chiropractic treatments (number of sessions not provided). The treating physician requested a Utilization Review for post-operative physical therapy x 12 sessions for the left shoulder. The Utilization Review dated 11-12-13, non-certified the request for post-operative physical therapy x 12 sessions for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional post-operative physical therapy sessions for the left shoulder , 2 times per week for 6 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** MTUS 2009 postoperative shoulder guidelines recommend up to 24 sessions of physical therapy. This patient has already received 24 sessions of physical therapy and therefore this request exceeds evidence-based guidelines recommendations. However, the patient continues with slightly diminished range of motion painful trapezius muscle and a positive impingement sign. Therefore there are clinical findings which may be amenable to additional physical therapy. Therefore, this request for an additional 12 sessions of physical therapy is medically necessary.