

<b>Case Number:</b>	CM13-0002468		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 69-year-old with an industrial injury on February 3, 2012. Patient is post left shoulder arthroscopy with SAD, distal clavicle excision, and SLAP lesion repair on March 19, 2013. Exam notes from July 9, 2013, reveal mild improvement but still has shoulder pain and stiffness. Exam notes from August 28, 2013, demonstrate range of motion in the left shoulder is abduction 150 degrees, flexion 165 degrees. Treating provider notes mild positive Neer impingement test. And mild positive Hawkins impingement test. Patient also suffers from bilateral knee pain. Exam on February 19, 2014, demonstrates patient has full range of motion but ongoing pain and weakness. Records demonstrate patient has completed 27 visits of physical therapy. Request is for outpatient physical therapy for the left shoulder, additional eight sessions (two times a week for four weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT PHYSICAL THERAPY FOR THE LET SHOULDER, ADDITIONAL EIGHT SESSIONS OF TWO TIMES PER WEEK OVER FOUR WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** In this case the CA MTUS/ACOEM guidelines are not met. The patient has completed 27 visits which exceed the guidelines of 24 visits post operatively. In addition there is nothing in the records provided which would indicate why a home program is contra-indicated. The request for outpatient physical therapy to the left shoulder, additional eight sessions two times per week for four weeks is not medically necessary or appropriate.