

<b>Case Number:</b>	CM13-0020358		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in New York and Texas. 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 physician 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.

### 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 patient is a 43-year-old who reported an injury on 01/04/2008, mechanism of injury not stated. A clinical note date 08/02/2013 noted the patient had undergone a left shoulder surgical repair of a SLAP (superior lebrum anterior to posterior) lesion, arthroscopic acromioplasty, and mini Mumford coplaining. On 03/11/2013, the patient is noted to continue to make favorable and gradual improvement with shoulder function. He has been reported to have been attending physical therapy twice a week for 12 sessions. He reported on that date he continued to have mild soreness that was aggravated by overhead repetitive reaching or lifting. He reported he continued to take ibuprofen 600 mg once daily. On physical exam, the patient had active forward flexion against gravity at 165 with abduction guarded from 100 to 135 max. Behind the back internal rotation was 45 degrees, external rotation was 50 degrees, cross body adduction was 50 degrees, abduction 90 degrees, extension was 90 degrees, internal rotation was 75 degrees, strength was reported to be very good on resisted test against supraspinatus, infraspinatus, posterior deltoid, biceps, triceps, and grips. A recommendation was made for continued physical therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy, twice per week for six weeks on the left shoulder:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 43-year-old male who reported an injury on 01/04/2008. He is noted to have undergone a left shoulder arthroscopic SLAP repair, acromioplasty and mini Mumford procedure on 03/11/2013 and is reported to have completed 12 sessions of physical therapy as of 08/02/2013. The patient is reported to only have mild soreness with activities and is noted to have near functional range of motion and very good strength on resisted testing of the supraspinatus, infraspinatus, anterior and posterior deltoids, biceps, triceps, and grips. The patient is noted on that date to have been released to resume modified duty. The Post-Surgical Treatment Guidelines recommend up to 24 sessions of physical therapy following arthroscopic treatment of impingement syndrome. The patient is noted to have only completed 12 sessions; however, he is noted to have near functional range of motion and very good strength in all muscle groups tested and was released to return to work on modified duty. The patient should be able to continue and is reported to only complain of mild soreness of the right shoulder. The patient should be able to continue to progress with a home exercise program and as such the need for an additional 12 sessions of physical therapy is not established. The request for additional post-operative physical therapy, twice per week for six weeks on the left shoulder, is not medically necessary or appropriate.