

<b>Case Number:</b>	CM13-0030050		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	03/02/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 47-year-old male with a date of injury of 03/02/2007. Treatment reports from 5/24/13-9/24/13 were reviewed. According to progress report 09/13/2013, the patient presents 10 weeks postop and continues with shoulder pain. It was noted that the patient has started using weights during therapy as strengthening has been difficult. Examination revealed decreased range of motion. The treater would like the patient to participate in additional physical therapy 1 time per week for the next 6 weeks. Utilization review modified the request on 09/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy for the left shoulder (6 sessions):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post operative physical medicine Page(s): 26- 27.

**Decision rationale:** This patient is status post removal of previous plate and 6 bone screws in the left shoulder on 05/13/2013. The treating physician is requesting additional 6 postoperative physical therapy sessions. Utilization review modified the certification from 6 session to 4

sessions stating that, "4 sessions would appropriately transition this patient into an independent home exercise program." MTUS Post operative physical medicine guidelines do not provide specific recommendation for this type of surgery. For rotator cuff repair or fracture of the humerus, MTUS page 26- 27 recommends 24 sessions. According to physical therapy progress report from 09/10/2013, the patient has completed 12 postoperative physical therapy sessions. The report states that patient requires further physical therapy for range of motion and strengthening. In this case, given patient's recent surgery an additional 6 sessions is reasonable and medically necessary.