

<b>Case Number:</b>	CM13-0031991		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 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 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:

This independent review has been requested regarding a request for eight visits of physical therapy for the left shoulder. This is a 43-year-old who had a left shoulder injury on 03/05/12, leading to left SLAP repair and biceps tenodesis on 05/09/13. Eight months have passed since the surgical procedure. Good range of motion and good strength have been documented in the records. The records indeed outline 23 visits of physical therapy as of 08/20/13. Additional physical therapy was indeed denied as of a review from [REDACTED], an orthopedic surgeon. The MTUS Guidelines indicates that after a cuff repair, 24 visits over 14 weeks would be anticipated. The Official Disability Guidelines would similarly reflect 24 visits over 14 weeks postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for four (4) weeks for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Postsurgical Treatment Guidelines allow for 24 physical therapy visits over 14 weeks in a period of 6 months. In this case, it appears that appropriate physical therapy interventions were undertaken indeed with a good result. For the passage of eight months, additional physical therapy would not only fail to satisfy guidelines for duration and number of

visits, but furthermore, would not be expected to change clinical outcomes. At eight months, this individual would be expected to benefit with a home exercise program. For these reasons, the decision to deny the additional eight visits of physical therapy for the left shoulder should be upheld. No extenuating circumstances have been developed in the medical records to explain the utility of these visits in this specific case.