

<b>Case Number:</b>	CM13-0035293		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 & Rehabilitation, and is licensed to practice in Maryland. 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. 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 58-year-old male had a work injury on 8/31/2009 in which he injured his left shoulder. He eventually underwent left shoulder arthroscopy for rotator cuff repair, subacromial decompression, and debridement of torn biceps tendon surgery on 12/4/2009. This was followed by a course of postoperative therapy. Subsequent to his repair and driving to his follow-up treatment in May of 2011, he was involved in a motor vehicle accident injuring his back, his right shoulder, and his knees. On 5/22/2013 the claimant underwent right subacromial decompression with rotator cuff repair (RCR), debridement and acromioclavicular (AC) arthroplasty. Per documentation the claimant has received authorization for twenty four (24) postoperative therapy treatments. A request for twelve (12) additional physical therapy treatments for the right shoulder in addition to left shoulder arthroscopy with twenty (12) postoperative therapy treatments was submitted and modified on prior UR. This was modified to certify two (2) additional physical therapy treatments for the right shoulder and arthroscopy with twelve (12) postoperative treatments for the left shoulder on 8/22/2013. On 9/30/2013 the claimant was reevaluated by [REDACTED]. The recommendation was to set up the left shoulder rotator cuff repair surgery and continued physical therapy for the right shoulder. A 10/29/13 progress note documents that patient is doing well with R shoulder home exercise program. There is 5/5 RTC muscle strength. The 11/15/13 operations performed include: a left shoulder revision arthroscopic repair of rotator cuff tendon tear, biceps tenodesis performed arthroscopically, an AC joint arthroplasty, an arthroscopic extensive debridement, and revision subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional physical therapy for the right shoulder two times per week over six weeks:** 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.

**Decision rationale:** The patient has completed the recommended number of visits for his condition according to the medical records provided for review. There are no extenuating circumstances in documentation submitted as to why he cannot continue his therapy in a home exercise program. The request for 12 additional visits would exceed the MTUS Postsurgical Guidelines' recommendations. The request is not medically necessary and appropriate.