

<b>Case Number:</b>	CM13-0041192		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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. 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 57-year-old male who reported a work-related injury on 09/18/2009 as the result of a motor vehicle accident. Subsequently the patient presents for treatment of the following diagnoses: status post left shoulder arthroscopic subacromial decompression, arthroscopic extensive debridement of the superior labrum, anterior and posterior lesion, rotator cuff, partial tearing, and left shoulder Mumford-type open distal clavicle resection as of 03/18/2013. The patient subsequently completed 24 sessions of postoperative physical therapy. The most recent clinical note submitted for review with a thorough physical exam of the patient is dated 07/01/2013 under the care of [REDACTED]. The provider documents the patient, upon physical exam of the left shoulder, flexion was noted to be at 175, abduction 170, internal rotation 80, external rotation 80, adduction and extension 40. The provider documented 5-/5 motor strength throughout. The provider documents the patient was rendered a prescription for 12 additional visits of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy on left shoulder x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient underwent surgical interventions to the left shoulder in 03/2013. The most recent physical exam findings are dated from 06/2013. The provider documents the patient has near full range of motion about the shoulder and 5-/5 motor strength. The clinical notes documented the patient had completed a full course of postoperative physical therapy interventions to include 24 sessions. Guidelines support 24 sessions of physical therapy post operatively for this injury. At this point in the patients treatment an independent home exercise program would be indicated. CA-MTUS indicates, to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Given all the above the request for additional physical therapy on left shoulder x 12 is not medically appropriate or necessary.