

<b>Case Number:</b>	CM13-0047486		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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. 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 51 year old male who reported an injury on 11/09/2012. The mechanism of injury was not provided within the medical records. The patient's diagnoses include industrial injury to the left shoulder and status post left shoulder arthroscopy on 05/03/2013. The patient's surgery was noted to include arthroscopic subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy/chondroplasty/debridement, distal clavicle resection, and debridement of the labrum and partial rotator cuff tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 continue postoperative outpatient physical therapy to the left shoulder, 2 x 6 weeks:**  
Upheld

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

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

**Decision rationale:** The clinical information submitted for review indicates that the patient has participated in at least 36 postoperative physical therapy visits since his surgery in 05/2013. According to the California MTUS postsurgical guidelines, postsurgical treatment is

recommended at 24 visits over 14 weeks following surgery for rotator cuff syndrome/impingement syndrome. As the patient has already exceeded his recommended 24 visits of physical therapy following surgery for rotator cuff syndrome, exceptional factors would be needed to warrant further visits. As the clinical information submitted for review lacks evidence of exceptional factors, further postoperative physical therapy is not supported.