

<b>Case Number:</b>	CM13-0049203		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 38-year-old gentleman who sustained an injury to the right shoulder on 01/22/12. The clinical records provided for review document that the injured worker underwent shoulder arthroscopy, superior labral tear from anterior to posterior (SLAP) lesion repair, debridement and platelet rich plasma (PRP) injection on 05/15/13. Postoperatively, the the injured worker was treated with medication management, physical therapy and activity restrictions. The report of a postoperative MRI revealed the previous labral repair and suspicion for re-tearing of the labrum. A second operative intervention was recommended for further treatment. There is a current request for 16 initial postoperative sessions of physical therapy for the right shoulder following the requested second surgery. The current clinical records do not indicate that the second surgery occurred.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 8 WEEKS, FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Based on the guidelines, the request for an initial 16 sessions of postoperative physical therapy following a second requested surgical process would not be supported. While the Postsurgical Guidelines recommend up to 24 sessions of physical therapy in the postoperative setting, there is currently no documentation that the injured worker's second surgical procedure has occurred or has been recommended as medically necessary. The patient's postoperative imaging suggests the possibility of a repeat labral tear, but did not give formal documentation of retearing. Without indication that the surgical process has occurred, the request is not medically necessary.