

<b>Case Number:</b>	CM13-0070592		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Family Practice 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 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 patient is a 58-year-old male who reported an injury on 10/16/2011. The mechanism of injury was not stated. The patient is currently diagnosed with right shoulder rotator cuff impingement with possible labral tear. The patient was recently seen by [REDACTED] on 09/23/2013. The patient reported right shoulder pain. The patient was scheduled for right shoulder arthroscopic surgery on 09/25/2013. Physical examination on that date revealed positive impingement testing, positive Speed's testing, 2+ biceps tenderness, and intact sensation. Recommendations included proceeding with right shoulder surgery. An operative report was then submitted by [REDACTED] on 09/25/2013, indicating that the patient underwent right shoulder arthroscopic subacromial decompression with labral reconstruction and bursectomy. The current request is for postoperative physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER (3 TIMES PER WEEK FOR 6 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 Page(s): 10 and 26-27.

**Decision rationale:** The California MTUS Guidelines state that the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following impingement syndrome includes 24 visits over 14 weeks. The current request for 18 sessions of postoperative physical therapy exceeds guideline recommendations (the guideline recommendation would be 12 visits for this surgery). Therefore, the requested 18 visits of physical therapy are not medically necessary or appropriate.