

<b>Case Number:</b>	CM13-0072137		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Hand Surgery 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 27-year-old male who reported an injury on 09/15/2009 due to cumulative trauma while performing normal job duties. The patient ultimately underwent multiple left shoulder surgeries with recurrent instability. The patient's most recent physical evaluation documented spasming and weakness of the left shoulder with multidirectional instability. A physical therapy note dated 06/24/2013 documented the patient completed 30 visits of physical therapy and was responding well to treatment. A request was made for additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-op PT 3x4, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The requested continued post-op physical therapy 3x4 for the left shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 24 visits in the postsurgical management of an impingement related

syndrome. The clinical documentation submitted for review does indicate that the patient has undergone at least 30 visits of postoperative physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. There are no barriers noted within the documentation to preclude further progress of this patient while participating in a home exercise program. The patient has already exceeded the recommended number of visits and there are no exceptional factors noted within the documentation to support extending treatment even further beyond guideline recommendations. Additional postoperative physical therapy would not be supported. As such, the requested continued postoperative physical therapy 3x4 for the left shoulder is not medically necessary or appropriate.