

<b>Case Number:</b>	CM14-0008905		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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 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 52-year-old gentleman who injured his left shoulder in a work related accident on 06/11/12. The records provided for review document that following a course of conservative care, the claimant underwent left shoulder rotator cuff repair, subacromial decompression, and distal clavicle resection on 07/19/13. Postoperative records include a 12/10/13 progress report documenting continued weakness of the shoulder, 140 degrees of forward flexion and tenderness at endpoints of range of motion. It is documented that at that time the claimant had attended greater than 20 sessions of postoperative physical therapy. Based on continued shoulder weakness and pain complaints, twelve additional sessions of formal physical therapy were recommended. The request for additional physical therapy occurred roughly five months following the time of surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X WEEK X 6 WEEKS FOR LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, SHOULDER,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, SPRAINED SHOULDER; ROTATOR CUFF (ICD9 840; 840.4);

**Decision rationale:** Based on California Postsurgical Rehabilitative Guidelines, twelve additional sessions of physical therapy cannot be recommended as medically necessary. This individual has already undergone 20 sessions of physical therapy and is now nearly five months following the time of surgery. The Postsurgical Guidelines recommend up to 24 visits of therapy over a 14 week period of time. The requested twelve additional sessions of physical therapy would exceed the Postsurgical Guidelines. There is no documentation within the records provided for review to indicate that this claimant would be an exception to the standard treatment guidelines. The request in this case would not be supported.