

<b>Case Number:</b>	CM14-0009139		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/16/2014
<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:

This 41-year-old female sustained an industrial injury on 4/12/13. The mechanism of injury was not documented. A request for left shoulder post-operative physical therapy was approved by the claims examiner on 12/2/13. A 12/18/13 prescription from the orthopedic surgeon was submitted for physical therapy two times per week for 6 weeks following left shoulder surgery. The patient underwent left shoulder subacromial decompression and SLAP repair on 12/13/13. The 12/31/13 physical therapy note indicated that the patient was seen for the initial visit following surgery. Deficits were noted in range of motion and posture. Therapy was recommended and requested two times per week for 6 weeks. The 1/16/14 utilization review denied the 12/18/13 request for post-operative physical therapy noting that care had previously been authorized consistent with guidelines and that authorization remained in effect. The utilization review nurse was advised to send the authorization letter to the physical therapy facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY 2X6 WEEKS, LEFT SHOULDER PER RFA:12/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative therapy was consistent with guidelines as requested by the treating physician. The initial guideline-recommended 12 visits were authorized on 12/2/13 and initiated on 12/31/13. There is no compelling reason to support the medical necessity of additional physical therapy beyond the care previously authorized. Therefore, this request for additional left shoulder physical therapy 2x6 weeks, requested on 12/18/13, is not medically necessary.