

<b>Case Number:</b>	CM14-0016747		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 patient is a 58-year-old male who has submitted a claim for neck sprain/strain, left shoulder impingement syndrome, superior labral tear, and acromioclavicular joint arthritis, associated with an industrial injury date of March 8, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of shoulder pain radiating to the elbow, and left arm pain with weakness. A physical examination revealed cervical spine crepitation soreness when he moves his neck. The left shoulder examination showed well-healed incisions. The patient was able to lift up his arm approximately 130 degrees and abduct it to 110 degrees. There was still some weakness and pain with limitation of internal and external rotation. The right shoulder examination revealed localized tenderness and some impingement findings and weakness. There was pain with certain motions. The treatment to date has included debridement, repair of a superior labral tear, subacromial decompression and distal clavicle resection 10/1/2013, medications, and twenty-four (24) sessions of physical therapy. The utilization review from January 24, 2014 denied the request for twelve (12) additional post-operative physical therapy visits for the left shoulder, because the patient has received twenty (20) of the twenty-four (24) sessions of postsurgical therapy and there has been noted improvement in range of motion as well as improvement in strength and function. There was however, no clear indication as to the reasons for ongoing formal therapy whereas a home exercise program may be equally as effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional postoperative physical therapy visits for the left shoulder:** Upheld

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines indicate that physical therapy for postsurgical treatment of shoulder rotator cuff repair/acromioplasty is recommended for twenty-four (24) visits over fourteen (14) weeks. In this case, the patient underwent a debridement, repair of superior labral tear, subacromial decompression and distal clavicle resection on 10/1/2013. The patient was authorized twenty-four (24) postoperative physical therapy (PT) visits and the most recent progress report mentioned that the patient has already completed twenty (20) out of the twenty-four (24) sessions. There was significant improvement noted and the report also mentioned that the patient has nearly met all goals established at initial evaluation and is progressing well towards independent management. Since the guidelines support twenty-four (24) PT sessions following surgery, the request for an additional twelve (12) sessions would far exceed guideline recommendations. The patient should also be well versed with a home exercise program given that he has completed several PT sessions already. Therefore, the request is not medically necessary.