

<b>Case Number:</b>	CM14-0018861		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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:

54 year old claimant with reported industrial injury 5/19/11. Claimant is status post left shoulder arthroscopy with rotator cuff repair on 5/13. Claimant is status post 24 sessions of physical therapy after the surgical procedure. Exam note 1/2/14 demonstrates painful arc of motion 90-130 degrees with tenderness over the anterior capsular cuff with tenderness over the AC joint with guarding. Shoulder range of motion is documented as 70 degrees of flexion, 30 degrees of extension, 70 degrees abduction, 40 degrees adduction, 80 degrees of internal rotation and 40 degrees of external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL POST-OP PHYSICAL THERAPY, 1 TIME WEEKLY FOR 6 WEEKS, FOR THE SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Post Surgical Treatment, arthroscopic, RC repair/acromioplasty.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks\* Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks\* Postsurgical physical medicine treatment period: 6 months In this case the claimant has performed the maximum amount of visits allowed. From the exam note from 1/2/14 there is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.