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| <b>Case Number:</b>   | CM14-0136873 |                              |            |
| <b>Date Assigned:</b> | 09/03/2014   | <b>Date of Injury:</b>       | 07/04/2010 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 08/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/25/2014 |

### 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 43-year-old female who injured her left shoulder on 07/04/10. The medical records provided for review documented on the follow up report of 05/05/14 persistent complaints of pain in the left shoulder despite conservative care including corticosteroid injections and physical therapy. Recommendation at that time was for left shoulder manipulation under anesthesia, arthroscopic debridement, and subacromial decompression. The Utilization Review determination dated 08/15/14 did not authorize the proposed surgery. There are also multiple postoperative requests pertaining to the proposed surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy two (2) times a week times four (4) weeks for left shoulder:**  
Upheld

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

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for eight initial sessions of postoperative physical therapy would not be indicated. The medical records provided for review included the 08/15/14 Utilization Review determination that did not recommend the medical necessity of the proposed surgery. In light if the fact the surgery

is not recommended as medically necessary, the request for eight sessions of postoperative physical therapy would also not be medically necessary.