

<b>Case Number:</b>	CM14-0157809		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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:

This is a 60-year-old male who sustained an injury to the left shoulder on 11/02/13. The recent progress report dated 09/02/14 noted that the claimant was five months status post left shoulder arthroscopy, rotator cuff repair, and biceps tenodesis and since surgery has been attending physical therapy with progress. Examination showed 120 degrees of passive flexion, 65 degrees of external rotation, and internal rotation to the L5 level. There was mild pain with supraspinatus stressing. The recommendation was for eight additional sessions of physical therapy for the claimant's left shoulder. According to the medical records, the claimant has had 36 postoperative physical therapy sessions over the past five months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk X4wks Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation.

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

**Decision rationale:** Based on the MTUS Postsurgical Treatment Guidelines, the request for eight additional sessions of physical therapy cannot be recommended as medically necessary. The records document that the claimant has already attended 36 sessions of postoperative

physical therapy since the time of surgery. The MTUS Postsurgical Treatment Guidelines recommend up to 24 sessions of physical therapy over a fourteen week period of time. The eight additional requested sessions of therapy would exceed the guideline criteria. There is no documentation in the records provided for review that supports that this claimant would be an exception to the standard treatment criteria. Therefore, the requested additional physical therapy is not recommended as medically necessary.