

<b>Case Number:</b>	CM14-0174395		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 56 year old male with a 2/16/14 injury date. In a 9/2/14 note, the patient complained of left shoulder pain, weakness, and improving range of motion. Objective findings included forward flexion to 160 degrees, abduction to 140 degrees, internal rotation to 40 degrees, external rotation to 70 degrees, and pain at the extremes of motion. The provider recommended continuing physical therapy. Diagnostic impression: status post left shoulder arthroscopy with labral repair. Treatment to date includes physical therapy (24 sessions), home exercise, TENS unit, medications, left shoulder arthroscopy (6/2014). A UR decision on 10/2/14 denied the request for left shoulder physical therapy twice a week for four weeks because the patient has already had the allotted number of sessions and there was no documentation of why they cannot continue with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice a week for four weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter-Physical therapy.

**Decision rationale:** The California MTUS does not address this issue. Official Disability Guidelines supports 24 physical therapy sessions over 14 weeks after labral repair surgery. However, this patient has already had at least 24 sessions of physical therapy since the shoulder procedure in June 2014. There is very little objective information on exam that would support further therapy such as weakness in specific muscle groups or limited range of motion. In addition, there is no information that would justify further therapy as opposed to transitioning to a home exercise program. Therefore, the request for physical therapy twice a week for four weeks for the left shoulder is not medically necessary.