

<b>Case Number:</b>	CM14-0020570		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 61-year-old gentleman who sustained a left shoulder injury in a work related accident on 08/27/07. Following a course of conservative care, the records indicate that in February 2012 left shoulder arthroscopy, subacromial decompression, and distal clavicle excision took place. Failure to improve from a pain and functional perspective necessitated a second surgery on 03/19/13 in the form of left total shoulder arthroplasty with rotator cuff repair. Records reflect that the claimant has had 36 sessions of postoperative physical therapy to date. A 01/17/14 follow-up report documented continued complaints of pain in the shoulder with plain film radiographs revealing satisfactory position of the implant. There was no documentation of formal physical examination findings but an additional 16 sessions of physical therapy were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL 16 VISITS PHYSICAL THERAPY, LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, web based version, Shoulder Chapter.

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy would not be indicated. This individual has already undergone 36 sessions of postoperative therapy since time of joint arthroplasty. The Postsurgical Guidelines recommend up to 24 visits over a 10 week period of time with postsurgical physical medicine treatment of six months. This individual has exceeded both frequency and duration of physical therapy in the postoperative setting. The request for 16 additional sessions of therapy in addition to the 36 already rendered would not be indicated.