

<b>Case Number:</b>	CM14-0020688		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/12/2014
<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 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, a 66-year-old male, sustained a left shoulder injury in a March 1, 2004, work-related accident. Following a course of conservative care, the claimant underwent a rotator cuff repair, which failed. The claimant then underwent a left reverse total shoulder arthroplasty on October 16, 2013. Post-operative records available for review include a February 3, 2014, progress report that states the claimant's post-operative recovery has been satisfactory. The claimant reported that he continued to participate in physical therapy and a home exercise program. Physical examination showed 100 degrees of active elevation, 160 degrees of passive forward flexion and improved strength. The records note that the claimant completed 19 sessions of physical therapy since the second procedure. This request is for an additional 18 sessions of post-operative physical therapy.

### 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 2-3 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** The claimant has already undergone 19 sessions of physical therapy for a surgery that occurred four months previously. Postsurgical Guidelines related to shoulder arthroplasty recommend up to 24 post-operative physical therapy visits. The request for 18 additional sessions of physical therapy exceeds the Post Surgical Guidelines and, therefore, would not be supported as medically necessary.