

<b>Case Number:</b>	CM14-0039784		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 51 year old female who was injured in a work related accident on December, 31, 2012. The clinical records are specific to the claimant's left shoulder and identify a request of continuation of physical therapy for eighteen initial sessions. Records indicate that following a course of conservative care, the recommendation was made for left shoulder arthroscopy, debridement and rotator cuff repair based on chronic complaints of pain and current imaging findings. The surgical process has been supported by utilization review process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy 3xWK x6Wks Left Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

**Decision rationale:** Based on the California MTUS Postsurgical Treatment Guidelines, eighteen sessions of postoperative physical therapy would be supported. The Postsurgical Guidelines recommend up to twenty-four sessions of therapy in the post operative setting. For the claimant, the request for eighteen initial sessions, based on the proposed surgery, would be supported as medically necessary.

