

<b>Case Number:</b>	CM14-0049918		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 32-year-old male who reported an injury on 06/26/2012 after lifting a 70 pound package. The injured worker reportedly sustained an injury to the left shoulder. The injured worker was conservatively treated with physical therapy, activity modifications, heat and ice applications, and steroid injections. As there was no significant improvement, surgical intervention was recommended. The injured worker was evaluated on 03/04/2014. It was noted that the surgical intervention that was requested did not receive authorization. Physical findings included restricted range of motion of the left shoulder. Diagnoses included bursae and tendon disorder of the shoulder region. A request was made for postoperative physical therapy 2 times a week for 4 weeks for the left shoulder. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Post-Op Physical Therapy, 2x4 for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker's requested surgery was not authorized. Although California Medical Treatment Utilization Schedule would recommend 24 visits in a postoperative setting for a shoulder injury to include a rotator cuff tear, without evidence that the requested surgical intervention has been authorized and is scheduled, postoperative care would not be indicated in this clinical situation. As such, the requested 8 sessions of postoperative physical therapy 2 times a week for 4 weeks for the left shoulder is not medically necessary or appropriate.