

<b>Case Number:</b>	CM14-0071437		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 injured worker is a 41-year-old female who sustained an injury to the bilateral upper extremities on June 23, 2010. Specific to the injured worker's left shoulder, the records available for review include a February 5, 2014, operative report documenting surgical arthroscopy, subacromial decompression, and debridement of the rotator cuff and labrum. In a follow-up report dated March 12, 2014, the injured worker was reported to have continued complaints of shoulder pain. The office report does not include any physical examination findings; ten sessions of physical therapy were prescribed. This request is for 12 additional sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy left shoulder status post surgery, two times a week for six weeks:**  
Overturned

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

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

**Decision rationale:** Based on the MTUS Post Surgical Rehabilitative Guidelines, 12 additional sessions of post-operative physical therapy would be supported. The Post Surgical Guidelines recommend a total of 24 sessions of therapy in the post-operative setting. The reviewed records

state that the injured worker previously completed 10 sessions of therapy post-operatively. The request for 12 additional sessions would fall under guideline criteria, and is therefore medically necessary.