

<b>Case Number:</b>	CM14-0085276		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/07/2014

### 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 Family Medicine 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 57 year old male whose date of injury is 05/12/2011. The mechanism of injury is described as lifting trays. Treatment to date includes left shoulder arthroscopic rotator cuff repair and biceps tenodesis on 11/29/11, and left shoulder arthroscopic rotator cuff repair on 09/28/12. The injured worker underwent left shoulder arthroscopic debridement and rotator cuff repair on 01/27/14 and has been authorized for 24 postoperative physical therapy visits to date. Progress report dated 03/04/14 indicates that there is mild swelling and mild pain with palpation. Diagnosis is impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-operative physical therapy left QTY 12.00:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for additional postoperative physical therapy left qty 12 is not recommended as medically necessary. The injured worker underwent left shoulder arthroscopic debridement and rotator cuff repair on 01/27/14 and has been authorized for 24 postoperative physical therapy visits to date. CA

MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.