

<b>Case Number:</b>	CM14-0099342		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 37 year old male with an injury date of 04/17/13. Based on the 05/21/14, provided by [REDACTED], the patient complains of left shoulder pain. He has limited functional range of motion of the left shoulder. No other recent positive exam findings were provided. The patient has operation on 03/11/14 for "left shoulder arthroscopy with two row suture anchor supraspinatus repair, suture repair of superior border subscapularis, and debridement of type 1 SLAP lesion". The diagnoses are 1. Significant partial-thickness articular side supraspinatus tear, left shoulder. 2. Delamination of the superior border of the subscapularis, left shoulder. 3. Type 1 superior labrum anterior and posterior lesion, left shoulder. 4. Anterior-inferior labral tearing/fraying left shoulder. 5. Small osteochondral injury of the medial femoral condyle, left knee. 6. Multiple other body part injuries-per [REDACTED], [REDACTED] is requesting physical therapy, 2 times per week for 6 weeks on left shoulder. The utilization review determination being challenged is dated 05/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/25/13-08/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy sessions 2 xs per week for 6 weeks left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26,27, Postsurgical Treatment Guidelines.

**Decision rationale:** This patient presents with left shoulder pain and recovering from operation on left shoulder on 03/11/14. The request is for physical therapy 2X6 to improve his range of motion and comfort. The patient is still within post-operative time-frame. Utilization review letter of denial from 5/30/14 denied the request stating, "the patient was authorized 24 sessions of post-operative physical therapy for the left shoulder and has completed 19 sessions." According to 05/21/14 therapy report, the patient has decreased left shoulder pain and improved active range of motion. It would appear that the patient is participating in therapy. For post-operative therapy treatments, MTUS guidelines pages 26-27 states that for rotator cuff syndrome/impingement syndrome 24 visits of therapy over 14 weeks are allowed. Based on the utilization review letter, the patient was already authorized 24 sessions of therapy and the patient appears to have had 19 visits thus far. The current request for 12 additional sessions would exceed what is allowed by MTUS. Recommendation is for denial.