

<b>Case Number:</b>	CM14-0180186		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Minnesota. 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 62 year old male. There was a work related injury on 3/24/10. The diagnosis includes bilateral shoulder impingement and rotator cuff tears. Exam on 10/1/2014 revealed left shoulder pain with positive impingement signs, weakness of abduction and external rotation and pain over the acromioclavicular joint and bicipital groove. Authorization for left shoulder arthroscopy with rotator cuff repair and labral repair was non-certified per Utilization Review. The disputed issue pertains to a request for post-operative physical therapy to the left shoulder. This was non-certified by UR as the surgery had been non-certified and post-operative PT was no longer necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 3 times a week for 4 weeks, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10 and 11.

**Decision rationale:** The post-surgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/ impingement syndrome. The initial period of therapy is 12 visits. The

documentation indicates that the requested surgery was non-certified. Therefore the request for post-operative Physical Therapy is not medically necessary.