

<b>Case Number:</b>	CM14-0188557		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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:

This is a 38-year-old male claimant with reported industrial injury of November 2, 2012. Examination of January 24, 2014 demonstrates complaints of low back and right shoulder pain. Objective findings include decreased range of motion shoulder with positive orthopedic exam findings for impingement and tenderness over the facet joints. Examination of June 14, 2013 demonstrates back pain, right shoulder pain with diminished range of motion. Shoulder MRI from December 17, 2012 demonstrates before meals degeneration with partial tear of supraspinatus, subscapularis tendinosis and a posterior labral tear. Range of motion of the shoulder is noted be 90 of abduction, 90 of flexion and 10 rotation with positive impingement sign. Claimant is noted for certification for right shoulder arthroscopy on 4/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-operative Physical Therapy visits for the right shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

**Decision rationale:** Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff

syndrome/Impingement syndrome; Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months, Postsurgical treatment, open: 30 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months. Sprained shoulder; rotator cuff postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks and postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request is for of the 24 total visits allowed following subacromial decompression. Therefore the request is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.