

<b>Case Number:</b>	CM14-0208138		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/08/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46-year-old male with reported industrial injury of September 8, 2012. A diagnosis is made of left shoulder rotator cuff tear possible labral tear. Exam note on October 3, 2013 demonstrates pain in the arm. MRI June 7, 2013 demonstrates a type III SLAP lesion. Examination demonstrates a painful shoulder range of motion, a positive speeds test and a positive O'Brien's test. It is noted that the patient has positive impingement signs. The patient is status post arthroscopy of the shoulder November 18, 2013. Repeat MRI the shoulder from July 2014 demonstrates moderate acromioclavicular joint arthrosis. Examination July 31, 2014 demonstrates a request for additional shoulder arthroscopy secondary to ongoing pain in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 24 post-operative physical therapy for the left shoulder as an outpatient, 2 sessions per week for 12 weeks: Upheld**

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

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

**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 (ICD9 726.1; 726.12): 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. 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 exceeds the recommended initial 12 visits. Therefore the determination is for non-certification.