

<b>Case Number:</b>	CM15-0006973		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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:

The injured worker (IW) is a 58 year old male, who sustained an industrial injury on July 30, 2014. He has reported left shoulder pain, stiffness and weakness and was diagnosed with recurrent dislocation of the shoulder joint, complete rupture of the rotator cuff, adhesive capsulitis of the shoulder and other affections of the shoulder region. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy and pain medications. Currently, the IW complains of left shoulder pain, stiffness and weakness. The IW reported sustaining an industrial injury on July 30, 2014, while building a fence. He reported slipping, falling and dislocating the left shoulder. Follow up appointments revealed multiple dislocations requiring interventions to reset the dislocations. On November 24, 2014, evaluation revealed continued shoulder pain, sleep disturbances and interruptions of the ability to perform all job duties secondary to continued pain and weakness of the left shoulder. Surgical correction was discussed. A request for post-surgical physical therapy was made. On December 4, 2014, Utilization Review non-certified a for post-operative physical therapy of the left shoulder, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested post-operative physical therapy of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy to left shoulder:** Upheld

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

**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: Postsurgical treatment: 24 visits over 14 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 there is an unspecified requested number of therapy visits. Therefore the determination is for non-certification.