

<b>Case Number:</b>	CM15-0131872		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male, who sustained an industrial injury on August 29, 2012, incurring shoulder injuries after heavy lifting. He was diagnosed with a left rotator cuff tear, internal derangement of the left shoulder, and cervical disc disease. He underwent a rotator cuff repair in 2014 and another surgery in May, 2015. Treatment included muscle relaxants, pain medications, cervical steroid injections, anti-inflammatory drugs, neuropathic medications, and work restrictions. Currently, the injured worker complained of persistent left shoulder pain with restricted range of motion. He was scheduled for a repeat left shoulder arthroscopy, debridement and repair in May, 2015. The treatment plan that was requested for authorization included postoperative physical therapy for the left shoulder. A physical therapy note dated July 1, 2015 indicates that the patient has undergone 12 visits of therapy for the shoulder. The note indicates that the patient's activity limitation has reduced from severe to moderate. The patient's pain has increased and the range of motion has returned to normal. There remains weakness in the shoulder but it is improved from the time of the initial evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy, 2x weekly, left shoulder Qty: 8: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (s) 10-12 and 27.

**Decision rationale:** Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it appears the patient has undergone 12 sessions of therapy thus far. There is documentation of objective functional improvement with ongoing treatment goals. Additionally, the 8 sessions currently requested does not exceed the maximum number recommended by guidelines for this patient's diagnosis. As such, the currently requested additional physical therapy is medically necessary.