

<b>Case Number:</b>	CM15-0208231		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 54-year-old male who sustained an industrial injury on 1/20/15. He reported left shoulder injury and feeling a pop in the shoulder after tossing 3 pound items into bins for 8 hours. The injured worker underwent left shoulder arthroscopic rotator cuff repair and SLAP debridement surgery on 5/4/15. The 9/29/15 treating physician report cited persistent left shoulder pain localized to the acromioclavicular (AC) joint with popping. Physical exam documented tenderness to palpation over the AC joint with positive cross body test and diminished range of motion due to pain and guarding from pain localized to the AC joint. He had negative impingement tests with 5/5 strength. The 9/24/15 left shoulder MRI demonstrated severe AC joint arthrosis with distal clavicle osteolysis and subacromial cyst. There was significant change in the AC joint from his prior MRI which showed very little to no AC joint arthrosis. Authorization was requested for left distal clavicle resection and post-operative physical therapy x 12 visits. The 10/13/15 utilization review certified the request for left distal clavicle resection and modified the request for 12 visits of post-operative physical therapy to 6 visits consistent with Post-Surgical Treatment Guidelines for initial care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy x12: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and chronic) Postsurgical treatment guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of arthritis suggest a general course of 24 post-operative physical medicine visits over 10 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This is the initial request for physical therapy and is consistent with guideline recommendations. Therefore, this request is medically necessary.