

<b>Case Number:</b>	CM15-0211296		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 45 year old male, who sustained an industrial injury on 5-20-2015. Medical records indicate the worker is undergoing treatment for left shoulder surgery (left shoulder arthroscopy with biceps tenodesis, intraarticular debridement and subacromial decompression with bursectomy and CA ligament resection) on 8-21-2015. A recent progress report dated 10-7-2015, reported the injured worker complained of soreness. Physical examination revealed forward flexion of 0-170 degrees and abduction of 170 degrees. Treatment to date has included 12 physical therapy visits and medication management. On 10-9-2015, the Request for Authorization requested 12 physical therapy sessions including therapeutic exercises for the left shoulder. On 10-13-2015, the Utilization Review noncertified the request for 12 physical therapy sessions including therapeutic exercises for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions including therapeutic exercises for the left shoulder:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

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

**Decision rationale:** 12 physical therapy sessions including therapeutic exercises for the left shoulder are medically necessary per the MTUS Guidelines. The patient continues to be within the 6 months postoperative period. The documentation from PT indicates evidence of objective improvement in range of motion measured in degrees. The MTUS recommends up to 24 postoperative visits of PT for this condition and the patient has had half of these visits per documentation. The patient would benefit from another 12 sessions of PT to continue work on range of motion deficits such as internal and external rotation, strengthening and review of an independent home exercise program. Therefore, the request is medically necessary.