

<b>Case Number:</b>	CM15-0031713		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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

### 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 male, who sustained an industrial injury on 10/01/2012, where he reported a left shoulder injury. On provider visit dated 01/20/2015, the diagnoses have included left shoulder status post arthroscopy on 08/22/2014. Treatment to date has included physical therapy post operatively. On examination, he was noted to have a decreased range of motion with stiffness and pain at the end of the range of motion. Treatment plan included to proceed with remaining 6 sessions of physical therapy and recommend 12 more sessions of physical therapy, and a Dyna splint. On 01/29/2015 Utilization Review non-certified physical therapy 2 x 6 for the left shoulder (12 sessions). The CA MTUS Postsurgical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 6 for the left shoulder (12 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines shoulder Page(s): 27-28.

**Decision rationale:** This patient is status post left shoulder arthroscopy and labral tear repair on 8/22/14. The patient presents with residual deficits including range of motion and strength. The current request is for physical therapy 2x6 for the left shoulder (12 sessions). Request for Authorization (RFA) is dated 1/23/15. For rotator cuff repair of the shoulder, the MTUS Postoperative Guidelines page 28 and 27 recommends 24 sessions. This patient has participated in 20 postoperative physical therapy sessions. As indicated in the physical therapy progress notes, the patient has 6 sessions remaining. The patient was noted to be making excellent progress but has residual deficits including range of motion and strength. The treating physician recommended that the patient continue therapy two times a week for the next six weeks. In this case, the patient has been authorized 26 postoperative physical therapy sessions. The additional 12 session would exceed what is recommended by MTUS. Furthermore, there is no discussion as to why the patient would not be able to transition into a self-directed home exercise program to address any residual complaints. This request IS NOT medically necessary.