

<b>Case Number:</b>	CM15-0039446		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Emergency 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 59-year-old male, who sustained an industrial injury on 01/19/2011. He has reported subsequent right shoulder pain and was diagnosed with supraspinatus tear. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/28/2015, the injured worker complained of left shoulder pain. Objective findings were notable for decreased range of motion of the left shoulder. The physician noted that 8 additional sessions of post-operative physical therapy were being requested as they were recommended by the orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Therapy (8 sessions) left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The requested Post-operative Therapy (8 sessions) left shoulder, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines recommend up to 24 post-

op therapy sessions for this condition. The injured worker has left shoulder pain s/p rotator cuff repair and has completed at least 16-18 post-op therapy sessions with insufficient documentation of functional improvement. The treating physician has documented reduced left shoulder range of motion. The treating physician has not documented the medical necessity for additional physical therapy for the left shoulder beyond referenced guideline recommendations to accomplish a transition to an independent dynamic home exercise program. The criteria noted above not having been met, Post-operative Therapy (8 sessions) left shoulder is not medically necessary.