

<b>Case Number:</b>	CM15-0054128		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

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 (IW) is a 49-year-old male who sustained an industrial injury on 08/08/2012. Diagnoses include right shoulder pain (industrial); status post right shoulder biceps tenodesis and labral repair; right shoulder pain with partial rotator cuff tear, acromioclavicular (AC) osteoarthritis, possible labral tear and glenoid cartilage loss and right shoulder painful AC joint. Treatment to date has included medications, cervical epidural steroid injections (ESI), physical therapy and shoulder injections. Diagnostics performed to date included x-rays, electrodiagnostic studies and MRIs. According to the progress notes dated 2/27/15, the IW reported sharp neck and right shoulder pain. The notes stated that PT and injections were not beneficial to this point. A request was made for 12 sessions of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy 2-3 times a week for 4-6 weeks:** Overturned

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

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

**Decision rationale:** The claimant sustained a work-related injury in August 2011 and continues to be treated for right shoulder pain. Shoulder arthroscopy is being planned with a subacromial decompression and possible rotator cuff repair. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery. The requested post-operative physical therapy is within the guideline recommendation and is medically necessary.