

<b>Case Number:</b>	CM15-0054209		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old male, who sustained an industrial injury on August 25, 2011. He reported feeling a pop in the left shoulder with left arm numbness. The injured worker was diagnosed as having left shoulder surgery rotator cuff repair, failed rotator cuff repair with regarding-tears, and decreased range of motion of the left shoulder. Treatment to date has included MRI, electrodiagnostic studies, x-rays, physical therapy, acupuncture, work modifications, steroid injection, and pain, topical compound, and non-steroidal anti-inflammatory medications. On February 23, 2015, the injured worker complains of constant, sharp, pulsating left shoulder pain that radiates to the neck and elbow. The pain increases with left arm movement. The physical exam revealed acromioclavicular joint tenderness to palpation, arthroscopic portals, and decreased range of motion of the left shoulder. There was a negative impingement sign, present and equal deep tendon reflexes of the left upper extremity, no hypesthesia, normal muscle strength, and decreased left grip. The treatment plan includes a left shoulder rotator cuff repair followed by 8 sessions of postoperative 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 (8-visits, 2 times a week for 4 weeks for the left shoulder):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Authorization of left shoulder arthroscopy with rotator cuff repair and possible acromioclavicular joint resection was upheld based on the Final Determination Letter for Maximus case number [REDACTED]. Therefore, 8 post-operative physical therapy visits, 2 times a week for 4 weeks for the left shoulder are not medically necessary.