

<b>Case Number:</b>	CM13-0068587		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old gentleman who sustained an injury to the left shoulder in a work related accident on 11/26/12. The records provided for review indicated that following a course of conservative care, the claimant underwent a left shoulder arthroscopic rotator cuff repair on 04/16/13. Postoperatively, he was treated with a significant course of physical therapy that included 24 formal sessions through September of 2013. A progress report of 10/23/13 indicated continued complaints of pain in the AC joint and the rotator cuff. Physical examination was documented to show 140 degrees of flexion, 120 degrees of abduction, and 4/5 strength of the supraspinatus. Treatment recommendations were for continuation of formal physical therapy for 12 additional sessions to the claimant's left shoulder. Postoperative imaging was not made available and there was no indication of more recent clinical findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical Therapy 2 times a week times 6 weeks post-operative rotator cuff repair for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Shoulder Procedure.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the California MTUS Postsurgical Rehabilitative 2009 Guidelines, 12 additional sessions of formal physical therapy cannot be recommended as medically necessary. The records document that the claimant has already attended 24 sessions of physical therapy for the surgical process dating back to April 2013. The additional 12 sessions of therapy would exceed the Postsurgical Guidelines that recommend no more than 24 sessions over a 14 week period from the time of surgery. There is no documentation to support that this claimant would be an exception to the standard guidelines. The 12 additional therapy sessions cannot be recommended as medically necessary.