

<b>Case Number:</b>	CM14-0123728		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 claimant is a 39 year old male with an industrial injury dated 08/18/09. The patient is status post a left shoulder arthroscopic subacromial decompression and synovectomy dated 03/06/14, in addition to completing 24 post-op physical therapy sessions. Exam note 07/02/14 states the patient returns with left upper extremity pain and weakness. The patient had trouble with overhead activities. Upon physical exam the patient had a forward flexion of 155', abduction of 150', internal rotation of T12, and an external rotation of 70'. It is noted that the patient has significant atrophy of the supraspinatus and infraspinatus muscle tendons compared to the contralateral side. The patient had a 4+/5 motor strength in elevation and external rotation. Diagnosis is noted as left shoulder impingement. Treatment includes 12 additional sessions of physical therapy to gain full range of motion in the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 Sessions (left shoulder):** Upheld

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

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

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months; Postsurgical treatment, open: 30 visits over 18 weeks; Postsurgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the request is not medically necessary.