

<b>Case Number:</b>	CM14-0098852		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada.. 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 records presented for review indicate that this 41-year-old female was reportedly injured on August 7, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated June 4, 2014 indicates that there are ongoing complaints of left knee and left shoulder pain. The physical examination demonstrated on examination of the left shoulder, passive range of motion with 160 of flexion, 150 of abduction, 85 of external rotation, active range of motion with 150 flexion, 140, abduction, 50, external rotation, with internal rotation to the glutes. Motor testing was 4/5. Pain was present with resisted abduction. An MRI of the left knee in August 2013 demonstrated mild patellar chondromalacia without evidence of meniscus are ligamentous pathology. Arthroscopic evaluation of the shoulder demonstrated a superior labrum anterior and posterior tear. Previous treatment includes a left shoulder arthroscopy for SLAP repair on February 7, 2014. The claimant is also status post cortisone injection for the medial hamstring, bursitis with good relief of pain in that area. A request had been made for physical therapy 2 times a week for 3 weeks for the left shoulder and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy twice weekly for 3 weeks left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 08/27/14)

**Decision rationale:** MTUS guidelines support postsurgical physical therapy s/p shoulder arthroscopic procedures and does not specifically reference Labral repair; therefore, ODG guidelines are used. The recommendation for this procedure is for a maximum of 24 visits over 14 weeks within 6 months of arthroscopic shoulder surgery. The claimant underwent 24 sessions of physical therapy and continues to have persistent pain, limited range of motion, and decreased strength, according to the encounter note provided. In the absence of documentation identifying the claimant as an outlier to the guideline recommendations, the guidelines would not support additional physical therapy visits and this request would not be considered medically necessary.