

<b>Case Number:</b>	CM13-0062486		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. 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: Orthopedic Surgery

### 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 54 year old male, who sustained an industrial injury on 9/27/2012. He was diagnosed as having status post left shoulder rotator cuff repair, status post left shoulder biceps tenodesis, status post anterior Bankart repair and postoperative stiffness. Treatment to date has included physical therapy, medications and surgical intervention. Per the Primary Treating Physician's Progress Report dated 10/22/2013, the injured worker reported left shoulder pain. He reports pain on a daily basis with throbbing. He has limited use due to stiffness. Physical examination revealed still limited motion. Elevation is about 150; external rotation is 75-80 today. External rotation with the arm adducted is 35. Internal rotation is still limited to about 40. His rotator cuff has 5/5 strength. The plan of care included capsular release, magnetic resonance imaging (MRI) and refill of medications. Authorization was requested for on 11/19/2013 for left shoulder arthroscopic capsular release and 22 postoperative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**22 Post Op Physical Therapy Visits (five times a week for two weeks then three times a week for four weeks): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds the 12 visits initially recommended. Therefore the determination is for non-certification.