

<b>Case Number:</b>	CM15-0004846		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 44 year old male who sustained a work related injury August 23, 2013, to the left knee and right shoulder while removing tree trunks. According to a primary treating physician's report dated December 18, 2014, the injured worker presented for a follow-up of his right shoulder pain. He is 8 weeks s/p right shoulder arthroscopy with SLAP repair and biceps tenodesis. He has been in physical therapy since his last visit and is making progress. Physical examination reveals the shoulder is normal in appearance and surgical incisions are well healed. His biceps under normal tension; active flexion to 90 degrees, external rotation to 65 degrees; elbow range of motion is full. The treatment plan requests physical therapy for an additional 12 sessions. Work status is documented as remain off work. According to utilization review performed December 26, 2014, the request for Physical Therapy (visits) QTY: 12 are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy x 12 visits: Upheld**

**Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.**

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter-physical therapy-Superior glenoid labrum lesion

**Decision rationale:** According to the ODG guidelines post surgical treatment for a SLAP repair allows 24 visits over 14 weeks. According to the guidelines the biceps tenodesis is usually performed in those over the age of forty and its repair is the gold standard for types 11 and 1V SLAP lesions. The requested treatment: associated surgical service: Physical therapy X 12 visits does not follow the guidelines. Therefore, this requested treatment: Associated surgical service: physical therapy X 12 visits is not medically necessary and appropriate.