

<b>Case Number:</b>	CM15-0012830		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female who reported an injury on 03/28/2014. The mechanism of injury was overuse. She was diagnosed with tendinitis and impingement of the left shoulder, as well as AC joint arthrosis of the left shoulder. The injured worker underwent a left shoulder arthroscopy with subacromial decompression, glenohumeral debridement of labrum and rotator cuff repair on 11/20/2014. Other past treatments were noted to include physical therapy, medications and activity modification. At her followup visit on 12/08/2014, it was noted that the injured worker would begin postoperative physical therapy that week. At her followup appointment on 01/06/2015, her symptoms were noted to include left shoulder pain. Physical examination revealed full passive range of motion and slightly decreased motor strength to 4/5 throughout the left shoulder. A recommendation was made for additional 12 sessions of physical therapy for a total of 24 postoperative sessions. A specific rationale for the additional physical therapy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the left shoulder x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,11 and 27.

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

**Decision rationale:** According to the California MTUS Guidelines, a total of 24 postoperative physical therapy visits are recommended after surgery for rotator cuff syndrome/impingement syndrome. The clinical information submitted for review indicated that the injured worker underwent surgery on 11/20/2014 and had completed 12 initial physical therapy visits. However, evidence of objective functional improvement with her initial 12 visits was not provided. In addition, she was noted to have full range of motion on examination on 01/06/2015 with only mild motor strength deficit to 4/5. Therefore, it is unclear why participation in a home exercise program would not be sufficient in addressing her remaining mild deficits at this time. For these reasons, the request is not medically necessary.