

<b>Case Number:</b>	CM15-0115808		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 (IW) is a 44 year old male who sustained an industrial injury on 04/08/2013. He reported left shoulder pain and lumbar pain. The injured worker was diagnosed as having a left SLAP (Superior Labrum Anterior Posterior) tear of the shoulder, and left adhesive capsulitis post SLAP repair with left impingement syndrome. Treatment to date has included surgery on the left shoulder. Currently, the injured worker complains of left shoulder range of motion and loss of grip. Left shoulder range of motion forward flexion is 140 degrees; extension is 30 degrees, external rotation 90 degrees and internal rotation 20 degrees. According to visit notes of 02/13/2015, the shoulder was slowly improving and a home exercise program was mentioned. On 04/29/2015, the provider note states forward motion is 160 degrees, abduction is 160 degrees, external rotation 70 degrees, internal rotation 70 degrees and posterior strength 4+ over 5. The worker complains of constant aching pain in his left shoulder and numbness down his left arm. He notes the therapist just started working on strengthening exercises. Medications include Tylenol #3 which he is taking for his lower back. On 05/11/2015 a request for authorization was submitted for Post-operative physical therapy for the left shoulder, twice weekly for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy for the left shoulder, twice weekly for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient is s/p shoulder arthroscopy with SAD and SLAP repair. He has received 24 post-op PT sessions with an additional 12 visits continued. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The patient should have been transitioned to an independent home exercise program post 36 visits. The Post-operative physical therapy for the left shoulder, twice weekly for six weeks is not medically necessary and appropriate.