

<b>Case Number:</b>	CM15-0127140		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 4/25/2013, resulting from a slip and fall. The injured worker was diagnosed as having status post right shoulder arthroscopy with intra-articular debridement of torn rotator cuff and labrum, subacromial decompression, and distal clavicle resection. Treatment to date has included bilateral shoulder surgeries (right on 7/07/2013 and 3/19/2015), physical therapy, and medications. Per the most recent report (3/19/2015), the injured worker underwent right shoulder arthroscopy with intra-articular debridement of torn rotator cuff and labrum, subacromial decompression, and distal clavicle resection on this date. An updated progress note was not submitted. Updated physical therapy notes were not submitted. The treatment plan included additional post-operative physical therapy for the right shoulder, 3x6.

### 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 right shoulder 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 27.

**Decision rationale:** According to the guidelines, up to 24 sessions over 14 weeks of physical therapy after rotator cuff shoulder surgery is recommended. In this case, the claimant underwent an unknown amount of therapy after surgery without documentation. The surgery is 3 months ago. The request for an additional 18 sessions is not justified and is not medically necessary.