

<b>Case Number:</b>	CM15-0179503		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Hawaii  
 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 45-year-old male who sustained an industrial injury on March 06, 2012. A Workers' Compensation follow up note dated August 05, 2015 reported present subjective complaint of: "still has mild pain"; "pain in his right shoulder", but has a labral tearing. The diagnostic impression found: lifting injury, bilateral shoulders; left worse than right shoulder pain; left shoulder labral tearing and bursitis; right shoulder labral tearing and bursitis; allergic reaction to steroid injection left shoulder, recovered; status post left shoulder arthroscopy, decompression and debridement June 26, 2015. The recommendation is for continued additional physical therapy session treating further range of motion and strengthening. Follow up dated March 18, 2015 reported chief subjective complaint of "left worse than right shoulder pain." He has "done 18 sessions of therapy that have failed to relieve his symptoms." Current medications consisted of Ibuprofen and Tylenol. The plan of care is with recommendation for left shoulder steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy 3 times a week for 4 weeks for the left shoulder:**  
 Overturned

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

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

**Decision rationale:** The records indicate the patient has ongoing left shoulder pain secondary to recent shoulder arthroscopy and decompression. The current request for consideration is for additional post-op physical therapy 3 x a week for 4 weeks for the left shoulder. The attending physician report dated 8/5/15 indicates the patient has completed 7 of 12 authorized post-op physical therapy sessions and is requesting 12 more to further range of motion and strengthening. The ODG does recommend up to 24 visits over 14 weeks for post-surgical treatment of labral repair/SLAP lesion. In this case, the patient has completed 7 of 12 previously authorized physical therapy sessions. The attending physician feels additional physical therapy is necessary to further strengthening and range of motion. The patient is still in the post-surgical physical medicine treatment period. It does seem reasonable that the treating physician would make an early request for authorization to maintain continuity of his physical therapy. The request is consistent with ODG guidelines and additional physical therapy is medically necessary.