

<b>Case Number:</b>	CM15-0066440		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 36 year old female who sustained an industrial injury on 01/01/2013. Diagnoses include impingement syndrome, distal clavicle arthrosis and possible labral tear of the right shoulder, and status post superior labral SLAP repair, acromioplasty, and distal clavicle resection, of the right shoulder on 02/24/2015. Treatment to date has included diagnostic testing, medications, exercises, physical therapy, and acupuncture and subacromial injection. A physician progress note dated 03/09/2015 documents the injured worker's incisions are healed, motor and sensation are intact. The injured worker can elevate the shoulder to 90 degrees. There is moderated rotator cuff weakness. The injured worker is continuing with circumduction exercise and elevation to 90 degrees, will start to work with physical therapy in the next week. Treatment requested is for physical therapy 3 times a week for 2 weeks right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times A Week for 2 Weeks Right Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months.

**Decision rationale:** The patient is s/p right shoulder arthroscopy with post labral SLAP repair. Current exam findings include range of 90 degrees elevation with moderate weakness. It is unclear how many PT sessions has been completed. Post-surgical guidelines allow for up to 24 visits post arthroscopic repair over 14 weeks for a 6 month rehab period. Review of submitted physician reports show indication of clinical findings to support for postop PT. Further consideration needs documented evidence of functional baseline with clear goals to be reached and the patient striving to reach those goals. The Physical Therapy 3 Times A Week for 2 Weeks Right Shoulder is medically necessary and appropriate.