

<b>Case Number:</b>	CM15-0072166		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 42 year old male, who sustained an industrial injury on 06/16/2014. On provider visit dated 01/19/2015 the injured worker has reported back, lower extremity and left shoulder pain. On examination of the left shoulder was positive for impingement sign and lumbar spine was noted as painful range of motion and straight leg raise test was noted as questionable at the right lower extremity. The diagnoses have included left shoulder impingement and left shoulder pain. Treatment to date has included medication and injections. Per documentation, the injured worker was scheduled to have an arthroscopy and acromioplasty of left shoulder on 4/27/2015. The provider requested 12 Initial Post-Operative Physical Therapy, Left Shoulder, 3 x 4 week, as outpatient, status post left shoulder arthroscopy with acromioplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Initial Post-Operative Physical Therapy, Left Shoulder, 3 x 4 week, as outpatient, status post left shoulder arthroscopy with acromioplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Work Loss Data, www.odg-twc.com; section: Shoulder (Acute &Chronic).

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

**Decision rationale:** Per the cited guidelines, post-surgical treatment guidelines recommend 24 visits of physical therapy over 14 weeks. The post-surgical physical medicine treatment period is 6 months. The injured worker is not currently in a post-surgical period. A request for arthroscopy with acromioplasty surgery was made for 4/27/15 but there is no supporting documents to show evidence of surgery or a post-operative period, therefore the request for 12 Initial Post-Operative Physical Therapy, Left Shoulder, 3 x 4 week, as outpatient, status post left shoulder arthroscopy with acromioplasty is determined to not be medically necessary.