

<b>Case Number:</b>	CM13-0012644		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a female, who reported an injury on 07/25/2012, which resulted in rotator cuff reconstruction and a right medial meniscectomy. The patient's most recent clinical evaluation stated the patient was making progress while participating in postsurgical physical therapy. Physical findings included a non-antalgic gait with full range of motion of the shoulder. It is noted that the patient continued to have deficits related to her knee surgery that would benefit from additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two to three (2-3) times a week for four to six (4-6) weeks for the right shoulder:** Upheld

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

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

**Decision rationale:** The clinical documentation submitted for review provides evidence that the patient participated in postsurgical physical therapy. The Postsurgical Treatment Guidelines recommend up to 24 visits of postsurgical physical therapy for this type of surgery. There is no documentation to indicate the duration and frequency of the prior physical therapy treatments. The clinical documentation submitted for review does not provide evidence of deficits that

would require further supervised skilled therapy. Additionally, the guidelines do not recommend continuation of physical therapy unless there is documentation of significant functional benefit. The clinical documentation submitted for review does not provide any evidence of prior assessments to establish the need for continuation of this treatment modality. As it is noted within the documentation, the patient has near full range of motion of the shoulder; however, the continued need for physical therapy cannot be determined.