

<b>Case Number:</b>	CM13-0022436		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 58 year old male with a date of injury of 08/19/2008. Mechanism of injury was not included in the medical file. [REDACTED] 8/12/13 medical report indicates patient is status post 3 left shoulder rotator cuff surgeries, with the most recent decompression and revision surgery occurring in 2013. [REDACTED] notes under subjectives complaints that the patient feels better and the repair went well. Under objective findings he states that the patient has abduction of 100 degrees with no pain nor does he have discomfort. His request is for physical therapy (PT) twice a week for four weeks. Medical records show that patient has already had initial 8 PT sessions post operatively. The UR determination modified the 8 session request to 3 sessions, based on the post operative timeframe associated with status post 2 left shoulder rotator cuff surgery in December 2012 and the limited information provided by the treater. The patient received the 3 sessions, with a total of 11 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 8 sessions of physical therapy:** Overturned

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

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

**Decision rationale:** The recommendation is for authorization of the 8 sessions of physical therapy, being that the request falls within the recommended MTUS Postsurgical guidelines. The request for 8 sessions of physical therapy is medically necessary and appropriate.