

<b>Case Number:</b>	CM13-0026480		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Orthopedic Surgery and is licensed to practice in Louisiana and 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 59-year-old female who reported an injury on 06/15/2011 which ultimately resulted in right shoulder arthroscopy with extensive subacromial decompression and arthroscopically assisted rotator cuff repair. The patient was treated postoperatively with immobilization, a home exercise program, and physical therapy. The patient's most recent clinical examination revealed restricted right shoulder range of motion described as 100 degrees in flexion, 90 degree in abduction, 60 degrees in external rotation, 30 degrees in internal rotation with pain in all planes and 3/5 weakness of the right upper extremity. The patient's diagnoses included status post right shoulder arthroscopic subacromial decompression with rotator cuff repair, and right shoulder pain. The patient's treatment plan included continued medications, continued home exercise program, and continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions to 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 requested 12 additional physical therapy sessions to the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient has received 24 visits of physical therapy. The California Medical Treatment Utilization Schedule recommends 24 visits of physical therapy in a postsurgical management of the patient who has undergone rotator cuff repair. The California Medical Treatment Utilization Schedule does support extending treatment based on significant functional gains. The clinical documentation submitted for review does not provide any evidence that the patient has had significant functional gains as a result of the previous therapy. The clinical documentation did not include any exceptional factors to support delayed recovery and extension of treatment beyond guideline recommendations. As such, the requested 12 physical therapy sessions to the right shoulder are not medically necessary or appropriate.