

<b>Case Number:</b>	CM13-0043862		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 had a work related injury on December 7, 2012. This injury occurred while she was moving parts from one tote to another. The parts weighed about 5 pounds and she felt the sudden pulling sensation in the left shoulder. The patient's left shoulder injury failed conservative care. An MRI was done which showed a partial supraspinatus tendon with tendon retraction to the AC joint. There is a superimposed full thickness tear suspected. Left shoulder arthroscopy for rotator cuff repair was done on 6/21/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines.

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

**Decision rationale:** According to the medical records provided for review, the patient has had a complete rotator cuff tear and has had surgical (arthroscopic) repair. MTUS Postsurgical Treatment Guidelines states that for a complete rotator cuff repair up to 40 therapy visits are allowed. Documentation indicates the patient has completed 24 visits and has made progress

with passive range of motion. She still has some deficits in active range of motion and has returned to work but only modified duty. Additional therapy would be appropriate to continue strengthening the rotator cuff and working on active range of motion with the goal of treatment being to return to full duty work. The request is medically necessary and appropriate.