

<b>Case Number:</b>	CM13-0058539		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/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 70-year-old female who sustained an injury to the right shoulder in a work related accident on 05/01/12. The clinical records provided for review documented that following conservative treatment the claimant underwent a right shoulder subacromial decompression and rotator cuff repair on 04/05/13. Postoperatively, he claimant has had a significant course of postoperative physical therapy to date. A progress report dated 10/10/13 documented physical examination of 160 degrees of forward flexion and abduction with tenderness over the greater tuberosity but no documented weakness. Recommendation at that time was for continuation of formal physical therapy to be continued for an additional two to three times a week for eight additional weeks for a total of 24 sessions. No postoperative imaging reports were provided for review. This request is to determine the medical necessity for the 24 additional sessions of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER TWO - THREE TIMES/WEEK X EIGHT WEEKS (3X8): Upheld**

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

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

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, 24 additional sessions of physical therapy cannot be recommended as medically necessary. According to the records provided for review, at the time of the last clinical assessment in October 2013, the claimant just over 6 months from the time of surgery for rotator cuff repair and the evaluation showed essentially full range of motion and improved function. It is also documented that the claimant has already undergone a significant course of formal physical therapy since surgery. The Post-Surgical Guidelines recommend 24 therapy sessions over 14 weeks with a post surgery treatment period of 6 months. The request for an additional 24 sessions of therapy at this stage in the claimant's clinical course of care would exceed the timeframe recommended by the guidelines. In light of the records documenting full range of motion and improved function, there is no documentation to support that this claimant would be an exception to the recommended timeframe of post-op treatment.