

<b>Case Number:</b>	CM13-0066423		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 and Rehabilitation 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:

This is a patient with a date of injury of 10/8/12. A utilization review determination dated 12/2/13 recommends non-certification of physical therapy. 4/24/13 operative report notes an open repair of large rotator cuff tear with retraction greater than 3 mm, abrasion chondroplasty debridement anterior labrum, subacromial decompression, and a Mumford procedure. 7/10/13 letter notes that 36 post-op visits have been approved. 8/23/13 PT evaluation notes that 21 PT sessions have been completed since 5/22/13 with improvements noted in ROM and grip strength. 11/20/13 PR-2 identifies that "9 of 18 sessions approved only for PT." The report is handwritten and somewhat illegible, but appears to cite shoulder pain and tenderness. Treatment plan includes PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3x4 right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 27.

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for additional physical therapy 3x4 right shoulder, California MTUS supports up to 24 sessions after

rotator cuff repair and 40 sessions after complete rupture of rotator cuff, with half of that amount recommended initially. Within the documentation available for review, there is documentation that the patient underwent a rotator cuff repair for a rupture with retraction. It appears that 36 postoperative PT sessions have been approved to date, with improvement in ROM and grip strength noted along with remaining ROM and strength deficits. 40 sessions of PT are supported by the CA MTUS; however, the current request for 12 additional sessions would exceed that amount and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy 3x4 right shoulder is not medically necessary.