

<b>Case Number:</b>	CM13-0066424		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2007
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/10/2013
<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 & 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:

The patient is an employee of [REDACTED] who filed a claim for a partial tear of the right rotator cuff s/p right rotator cuff repair associated with industrial injury on December 8, 2007. No post-operative physical therapy initiated to date. Utilization review from December 10, 2013 denied request for post-operative physical therapy x 18 for the right shoulder. Medical records were reviewed from 2013 showing the patient complaining of right shoulder pain. A QME from September 12, 2013 made provisions for future medical treatment which includes right shoulder arthroscopy with arthroscopic rotator cuff repair, subacromial decompression and excisional arthroplasty of the AC joint and post operative physical therapy x12. Patient underwent arthroscopic right rotator cuff repair on November 21, 2014. The patient has been certified for 12 postoperative physical therapy sessions on utilization review dated November 1, 2013. The patient has not started postoperative physical therapy sessions since a December 10, 2013 utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTOPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER (18 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12, 28.

**Decision rationale:** As stated in the MTUS Postsurgical Treatment Guidelines for Rotator cuff syndrome/Impingement syndrome pages 28 and 12, postoperative physical therapy is recommended for 24 visits over 14 weeks. Postsurgical physical medicine treatment period is 6 months. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In this case, the employee had been previously certified for 12 sessions of postoperative physical therapy but has not started the sessions. Additional sessions cannot be considered medically necessary unless there has been objective evidence of functional gains from previous physical therapy sessions, which the employee has yet to start. Therefore, the request for postoperative physical therapy for the right shoulder (18 sessions) was not medically necessary.