

<b>Case Number:</b>	CM14-0000491		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Physical Medicine and 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 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 52 year old male who had a work injury to his right shoulder dated January 25, 2012. He had a right shoulder massive full thickness rotator cuff repair (RTC) repair on August 13, 2013. He has had 24 sessions of physical therapy. There is a request for 8 more sessions of physical therapy. There is a December 2, 2013 document that states that there has been significant improvement in the symptoms since the last visit. The patient is 3-1/2 months out from right shoulder rotator cuff reconstruction with graft jacket. He is doing very well. He has no pain. He has been working on range of motion and cuff strengthening. He is doing his physical therapy. On physical exam Right shoulder forward flexion is 170, ER 50, abduction ER 85, abduction IR 65.4/5 strength on supraspinatus, 2/5 on infraspinatus, 5/5 on subscapularis testing. No impingement signs. The treatment plan states that the patient needs to continue with his physical therapy. He was provided another prescription to continue this once a week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPY FOR THE RIGHT SHOULDER, ONCE WEEKLY FOR EIGHT WEEKS,:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** The patient is allowed up to forty visits postoperatively for a complete rotator cuff tear. The patient is making progress and improving in therapy but still could use some rehabilitation for range of motion and strengthening. The request for physical therapy for the right shoulder, once weekly for eight weeks, is medically necessary and appropriate.