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| <b>Case Number:</b>   | CM14-0012070 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 06/26/2012 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 01/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2014 |

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in South Dakota. 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 claimant suffered a work related injury to the right shoulder on 6/26/12. A period of modified work duties and physical was initially prescribed and a steroid injection was given. MRI ultimately led to a diagnosis of full thickness rotator cuff tear and the claimant had arthroscopic surgery for same on 10/4/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED POST-OPERATIVE PHYSICAL THERAPY RIGHT SHOULDER TWO TIMES PER WEEK FOR SIX WEEKS:** Overturned

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

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

**Decision rationale:** Therapy notes indicate improvement in glenohumeral range of motion, demonstrating functional improvement. The California MTUS Guidelines allows for a total of 24 postoperative therapy visits following arthroscopic rotator cuff surgery over a period of 14 weeks. An initial course of therapy of one-half of the total is recommended with the additional therapy reserved for claimants that have demonstrated functional improvement during the initial course. This has been demonstrated in this case. As such, the request is medically necessary.

