

<b>Case Number:</b>	CM14-0014930		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 64-year-old female who reported an injury on 05/13/2010 secondary to an unknown mechanism of injury. Her diagnoses include a right rotator cuff tear. The injured worker underwent an arthroscopy of the right shoulder and an open rotator cuff repair of the right shoulder on 08/19/2013. She began postoperative physical therapy for the shoulder on 09/18/2013 and attended 12 sessions. She was approved for and participated in an additional course of postoperative physical therapy, beginning on 11/26/2013. She attended an additional 8 sessions. It was noted that during those 8 sessions, the injured worker made the following changes with regards to active range of motion of the right shoulder: increased from 130 degrees of flexion to 165 degrees, increased from 70 degrees of external rotation to 85 degrees, and decreased from 90 degrees of internal rotation to 75 degrees. Her strength of external rotation also increased from 3/5 to 4/5 during that time. A request was submitted for physical therapy 2 times 4 for the right shoulder. The documentation submitted for review failed to provide a Request for Authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY, TWO (2) TIMES FOUR (4), FOR THE RIGHT SHOULDER:**

Upheld

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

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

**Decision rationale:** The California Postsurgical Treatment Guidelines state that an initial course of physical therapy may be prescribed when postsurgical physical medicine is medically necessary. The MTUS guidelines also state that 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. It was noted that with the most recent course of postoperative physical therapy, the injured worker made specific functional improvements with regards to range of motion and strength of the right shoulder. The MTUS also recommend physical therapy treatment for up to 30 visits following an open repair of the rotator cuff tear. The operative report dated 08/19/2013 indicated that the injured worker did undergo an open rotator cuff repair of the right shoulder. The medical records submitted for review, including physical therapy notes, indicated that the injured worker has attended a total of 20 physical therapy sessions. It was noted that the injured worker still has functional deficits with regards to active range of motion values and strength. There is sufficient documented evidence to indicate that the injured worker would benefit from an additional 8 visits of physical therapy for the right shoulder. As such, the request for physical therapy 2 times 4 for the right shoulder is certified.