

<b>Case Number:</b>	CM14-0016418		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/31/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Pain Management, and is licensed to practice in Minnesota. 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 40-year-old male who reported an injury on May 31, 2010; the mechanism of injury not cited within the documentation provided. Within the clinical note dated January 15, 2014, it was noted the injured worker was status post right shoulder arthroscopy with subacromial decompression and rotator cuff repair. It was noted that the injured worker reported improving symptoms with 6 sessions of physical therapy postoperatively. Upon physical examination of the right shoulder, the range of motion revealed forward flexion to 0-180 degrees, external rotation to 0-45 degrees, and internal rotation to T12; the injured worker had improvement in strength with abduction testing. The diagnoses included status post right shoulder arthroscopy, subacromial decompression, and rotator cuff repair and right shoulder internal derangement. The treatment plan included additional physical therapy for two times a week for 4 weeks and a prescription for acetaminophen/hydrocodone 50 mg and Dendracin lotion. The injured worker was to follow-up in one month. The request for authorization for status post physical therapy 2 times for 4 weeks for the diagnosis of status post right arthroscopy and right shoulder internal derangement was submitted on January 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER, TWICE WEEKLY FOR FOUR WEEKS:** 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 Post-Surgical Treatment Guidelines recommend 24 sessions of physical therapy over fourteen weeks after rotator cuff repair. The guidelines note the postsurgical physical medicine treatment period is 6 months. The injured worker has completed 6 sessions of physical therapy as of January 29, 2014 per the provided documentation. Within the clinical notes provided for review, there is a lack of documentation indicating the efficacy of the prior sessions as evidenced by objective functional improvement. Upon physical examination the injured worker had functional range of motion with no documentation of an assessment of the injured worker's pain. There is also a lack of documentation indicating the injured worker is participating in a home exercise program as recommended by the guidelines to coincide with the physical therapy sessions. The request for additional post-operative physical therapy for the right shoulder, twice weekly for four weeks, is not medically necessary or appropriate.