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| <b>Case Number:</b>   | CM14-0153799 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 05/02/2012 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2014 |

### 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 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 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 with date of injury May 2, 2012. The treating physician report dated August 22, 2014 indicates that the patient presents status two months following left shoulder arthroscopy and rotator cuff repair with indication that the patient has started physical therapy. The physical examination findings reveal left shoulder flexion to 160 degrees and abduction to 160 degrees. The patient is totally temporarily disabled and the diagnosis is left shoulder rotator cuff repair. The utilization review report dated September 10, 14 denied the request for physical therapy twice weekly for eight weeks and modified the request to twice weekly for 3 weeks based on the MTUS Post-Surgical Guidelines.

### 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 left shoulder, twice weekly for eight weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient presents two months post left shoulder rotator cuff repair. The current request is for physical therapy 2x8 left shoulder. The patient was originally scheduled

for arthroscopic surgery and the operative report dated June 19, 2014 indicated that the patient required extending the lateral portal into a mini open incision to repair the tear of the rotator cuff. The patient was evaluated on July 11, 2014 and was at that time prescribed post-surgical physical therapy (of unknown quantity and frequency). On August 22, 2014 the treating physician states that she has started PT, but no quantity of sessions are documented. The treating physician goes on to state, "I am recommending additional physical therapy." The MTUS Post-Surgical Treatment Guidelines (PSTG) recommend up to 30 visits of physical therapy over an 18 week period for open repair of rotator cuff tear. In this case the treating physician has documented that the patient requires additional physical therapy for weakness noted during left shoulder abduction and reduced left shoulder ranges of motion. The total number of PT visits was not documented by the treater, however the utilization review report documents that the patient has received 5 post-surgical PT visits. The MTUS PSTG allow for up to 30 visits and the treating physician has requested 16 visits following the initial 5 treatments. There is documented improvement in left shoulder ranges of motion and the treating surgeon has recommended care that falls within the MTUS PSTG. Therefore, the request for additional post-operative physical therapy for the left shoulder, twice weekly for eight weeks, is medically necessary and appropriate.