

<b>Case Number:</b>	CM14-0154732		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 General surgeon 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:

This 45 year old male was injured 5/11/10. He sustained an electrical injury and burns. He was ultimately diagnosed with electrical dysfunction with neurologic dysfunction, post-traumatic head syndrome, headache's, obstructive sleep apnea, sleep disturbance, and mood disturbance related to the injury. He was then diagnosed with a rotator cuff tear based upon a MRI of the right shoulder done 5/9/11. Arthroscopic right rotator cuff repair was done approximately 5/21/14. As of 8/21/14 the physical therapist reported that the patient had attended 19 sessions, had 3/3 strength in the right shoulder. Sleep had improved. He recommended 12 additional physical therapy sessions. The requesting provider saw the patient 8/25 and reported physical therapy had been helpful, the patient using Norco occasionally and had no weakness of the supraspinatus or external rotators. He advised continued therapy, start using weights, and refilled the Norco. Twelve additional physical therapy sessions were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional sessions of physical therapy for the right shoulder (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

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

**Decision rationale:** The decision was to modify and authorize 4 additional sessions. The therapist had noted no weakness. The requesting provider surgeon had reported no weakness. The request was for strengthening. The records therefore do not indicate a need for additional strengthening and, therefore, no need for additional therapy beyond the 4 sessions that had been authorized. There was no reason for further therapy for muscle strengthening.