

<b>Case Number:</b>	CM14-0176564		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 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 is a 62-year-old male with a 3/6/14 date of injury. The mechanism of injury occurred when he tripped and fell onto outstretched arms. According to a progress report dated 10/8/14, the patient stated that his shoulder is still sore. He is status post right shoulder arthroscopic rotator cuff repair on 6/19/14. Overall, he reported that his pain is much better than before surgery, and he just had aches and pains and weakness. Objective findings: right shoulder active and passive flexion are 170 degrees, external rotation is 60 degrees, Hawkins mildly positive, cross-arm test negative. Diagnostic impression: bicipital tenosynovitis, disorder of bursa of shoulder region, primary osteoarthritis of shoulder region, strain of supraspinatus muscle and/or tendon. Treatment to date: medication management, activity modification, physical therapy, home exercise program, acupuncture, spinal cord stimulator, chiropractic therapy. A UR decision dated 10/8/14 denied the request for 12 sessions of additional postoperative physical therapy. The record review did not specify the objective outcome of prior physical therapy with respect to range of motion, strength, and functional activity change.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: additional post-operative physical therapy, 2 times a week for the right shoulder (quantity 12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Postsurgical Treatment Guidelines - Rotator Cuff Repair.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, the patient has had previous post-operative physical therapy. According to the reports provided for review, he has completed at least 18 sessions of postoperative physical therapy. Guidelines support up to 24 over 14 weeks for postsurgical rotator cuff repair. An additional 12 sessions would exceed guideline recommendations. In addition, the clinical notes provided did not indicate the efficacy of prior physical therapy to support the requested continuation of supervised therapeutic intervention. Therefore, the request for associated surgical service: additional post-operative physical therapy, 2 times a week for the right shoulder (quantity 12) is not medically necessary.