

<b>Case Number:</b>	CM14-0179542		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Surgeon 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 59-year-old male who reported an injury on 10/30/2011. The mechanism of injury was not provided. He is diagnosed with status post rotator cuff repair of the right shoulder, which was performed on 04/29/2014. His past treatments include physical therapy and medications. His diagnostic studies included an MRI of the right shoulder performed on 10/01/2013, which revealed full thickness tear at the anterior supraspinatus tendon, and arthritic changes. On 06/20/2014, the injured worker reported right shoulder pain, rated 7/10. Upon physical examination of his right shoulder, he was noted to have limited range of motion; abduction to 100 degrees; and decreased strength of the right shoulder, which was noted to be 4/5. On 08/27/2014, the injured worker reported right shoulder pain, rated 3/10. On physical examination of his right shoulder, he was noted to have a range of motion of abduction to 90 degrees, forward flexion to 110 degrees, and 4+/5 strength in his right shoulder. On 09/26/2014, the injured worker was noted to have very slow progress with physical therapy after 5 months of postoperative. Upon physical examination of his right shoulder, his range of motion was noted to be 115 degrees of abduction and 115 degrees of forward elevation. His current medications were not provided. Treatment plan included physiotherapy and ibuprofen, and a reassessment in 5 weeks. A request was received for associated surgical service: twelve (12) physical therapy visits for the right shoulder; however, the rationale for the request was not provided. A Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Twelve (12) Physical Therapy visits 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 MTUS Guidelines recommend physical therapy when there are objective functional deficits that need to be addressed with physical medicine. Active therapy is beneficial for restoring flexibility, strength, range of motion, and can alleviate discomfort. For postsurgical of rotator cuff syndrome, the guidelines suggest up to 24 visits of therapy. The clinical documentation provided for review does show that the injured worker had functional gains from physical therapy; however, the documentation provided does not clearly show the number of completed physical therapy visits. Additionally, there were no exceptional factors to warrant additional visits beyond the guidelines' recommendation. In the absences of this information, the need for physical therapy cannot be established at this time. As such, the request for Associated Surgical Service: Twelve (12) Physical Therapy visits for the Right Shoulder are not medically necessary.