

<b>Case Number:</b>	CM14-0182639		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/16/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 underwent arthroscopic rotator cuff repair with subacromial decompression, synovectomy, debridement, and biceps tenodesis on 7/31/2014. Post-operatively 12 physical therapy treatments were approved. There is some persisting weakness and decreased range of motion. An additional 12 physical therapy visits were requested and modified by UR to 2 visits with a transition to a home exercise program. The disputed issue pertains to the request for 12 additional physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy 2x6 of 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): 10-11, 27.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines indicate a general course of therapy of 24 visits over 14 weeks for arthroscopic rotator cuff repair. The post-surgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy of 12 visits. With documentation of functional improvement a subsequent course of therapy may be prescribed within the parameters of the general course of therapy. If it

is determined that additional functional improvement can be accomplished it can be further extended. Continuing functional improvement and need for additional physical therapy is not established. Therefore the request for additional physical therapy 2x6 is not medically necessary.