

<b>Case Number:</b>	CM14-0024397		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation 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 injured worker is a 73 year old female that reported an injury on 04/05/2011, due to unknown mechanism. The injured worker complained of continued pain with some weakness. The injured worker did not rate pain. On physical exam dated 02/14/2014, there was an magnetic resonance imaging (MRI) showed status post left rotator cuff repair with partial cuff tear. The injured worker diagnoses were status post left rotator cuff repair sub acromial debridement. The injured worker received physical therapy was authorized previously for 48 visits. The treatment plan was for physical therapy two times a week for six weeks. The request for authorization form was not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2X6 LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The injured work underwent arthroscopic repair of the left rotator cuff, with subacromial decompression, and debridement on 01/09/2013. The injured worker reported

slowly getting better on 3 office visits post-operative. The California Medical Treatment Utilization Schedule postsurgical guidelines recommends up to 12 sessions for physical therapy for an initial trial following rotator cuff arthroscopy. The submitted documentation does not show evidence of any functional defect and there were no baseline for range of motion. The injured worker had 48 sessions therefore the request for physical therapy 2 times a week 6 left shoulder would exceed evidence base guideline recommendations. As such, the request is not medically necessary and appropriate.