

<b>Case Number:</b>	CM14-0025374		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and 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 57-year-old male who reported an injury on 12/02/2010. The mechanism of injury was an attempt to lift a heavy object. The injured worker underwent a rotator cuff repair on 07/30/2013. The undated documentation revealed the injured worker had anterior and posterior tenderness with internal rotation and external rotation in the right shoulder. The treatment plan included postoperative physical therapy 3 times a week times 4 weeks to regain strength and stability in the right shoulder. As the PR2 was not dated, the original date of request could not be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER THREE TIMES A WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines indicate the postsurgical treatment for rotator cuff syndrome is 24 visits over 14 weeks. The initial course of therapy is half the recommended number of visits. The clinical documentation submitted for

review failed to provide documentation of the quantity of sessions previously attended as the surgical intervention was on 07/30/2013. There was no clarification if this was a request for the original 12 sessions or for additional sessions. There was a lack of documentation indicating an objective physical examination and objective functional deficits that remain to support the necessity for further therapy. Given the above, the request for physical therapy for the right shoulder 3 times a week for 4 weeks is not medically necessary.