

<b>Case Number:</b>	CM14-0033887		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 New York. 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 patient is 44 years old. The patient has chronic shoulder pain. The patient has been diagnosed with a rotator cuff tear. On physical examination the patient has decreased range of motion of the shoulder. Flexion is to 115 and extra rotation is to 40. Patient is diagnosed with left shoulder arthritis. He's had injection therapy. He continues to have shoulder pain. The patient has been indicated for shoulder surgery. At issue is whether postoperative physical therapy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy 2-3 x 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

**Decision rationale:** The patient has been diagnosed with rotator cuff pathology and has had conservative measures. Surgery has been recommended. At issue is whether postoperative physical therapy is medically necessary. The requested amount of postoperative physical

therapy for shoulder surgery is excessive. MTUS guidelines indicate that the patient may show documented improvement after initial short course of postoperative physical therapy. The requested amount of physical therapy is in excess of guidelines because the medical records do not document that the patient has had a short course of physical therapy would documented improvement. Physical therapy postoperatively for 2-3 times a week for 6 weeks does not meet MTUS criteria at this time because there is no documentation of initial postoperative trial with documented improvement.