

<b>Case Number:</b>	CM14-0039345		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 10/21/2009. The patient is status post open repair of massive rotator cuff tear on 06/06/2013. According to progress report 02/13/2014, the patient has developed pneumonia and was in the hospital for a month. "She was unable to go to all of her therapy." She continues with weakness in the left shoulder. Examination noted decreased range of motion and slight weakness at the left shoulder. The treater is requesting 12 additional physical therapies for the left shoulder. Utilization review denied the request on 03/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits for the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, pages 98-99.

**Decision rationale:** This patient is status post open repair of the massive rotator cuff tear on 06/06/2013. The patient most recently presented with slight weakness in the left shoulder and

decreased rotation. The treater is requesting additional 12 therapy sessions. This patient is outside of postsurgical timeframe. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myositis and myalgia-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review indicates the patient received 21 postoperative therapy sessions following the 06/06/2013 rotator cuff repair. It is unclear as to why additional 12 sessions are being requested at this time. The patient should now be well-versed in exercises and transition into a self-directed home exercise program. The requested additional 12 sessions is not medically necessary.