

<b>Case Number:</b>	CM14-0039676		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female whose date of injury is 05/30/2013. On this date the injured worker had to push down on landing gear on a trailer and injured her left shoulder. The injured worker is status post rotator cuff repair of the left shoulder performed on 10/17/13. Note dated 03/10/14 indicates that she is still in physical therapy, but was told by the therapist that formal visits are no longer needed. The injured worker reports no discomfort during the day and no night pain. On physical examination external rotation is 45, internal rotation is 45 and abduction is 80 degrees. Strength is 5-/5. The injured worker has completed at least 33 postoperative physical therapy visits to date. Diagnoses are sprain rotator cuff, joint pain shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic exercises:** Upheld

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

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

**Decision rationale:** The injured worker underwent rotator cuff repair of the left shoulder performed on 10/17/13 and has completed at least 33 postoperative physical therapy visits to

date. California Medical Treatment Utilization Schedule guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Based on the clinical information provided, the request for therapeutic exercise is not recommended as medically necessary.