

<b>Case Number:</b>	CM14-0070339		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Occupational Medicine 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 63 year old male who was injured on 02/28/2013 while walking. His right foot got caught on the edge of a bar and he stumbled and fell landing on his right shoulder. The patient has received 36 sessions of physical therapy to date. Progress report dated 03/31/2014 states the patient complained of weakness and restricted range of motion to his right shoulder. On exam, he has trace tenderness over the greater tuberosity region. Range of motion is limited in forward flexion and abduction to 145 degrees; external rotation is limited to 80 degrees, and internal rotation is limited to 50 degrees; Rotator cuff strength revealed persistently mild weakness graded at 5-/5. External and internal rotator strength is graded at 5/5. Grip strength measurements are 35/65/50 on the right and 30/60/35 on the left. The patient is diagnosed with status post arthroscopy of the right shoulder with rotator cuff repair and with postoperative adhesive capsulitis. The patient has been recommended for 12 treatments of physical therapy. Prior utilization review dated 05/02/2014 states the request for Postoperative Right Shoulder Physical Therapy x 12 is not certified as the documentation submitted did not support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Right Shoulder Physical Therapy x 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** This is a request for an additional 12 visits of physical therapy for the right shoulder for a 63-year-old male injured on 2/28/13 status post right shoulder arthroscopic rotator cuff repair on 10/23/13. 36, perhaps as many as 51, post-operative physical therapy sessions have already been approved. However, according to MTUS guidelines, 24 visits of physical therapy over 14 weeks with a 6-month treatment period are recommended after this surgery. The patient has exceeded the number of recommended visits, and this request comes over 6 months after the surgery. The patient should be able to perform a home exercise program at this point. History and examination findings do not support the need for additional supervised physical therapy beyond guideline recommendations. Medical necessity is not established.