

<b>Case Number:</b>	CM14-0075460		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 58 year old male with an injury date on 01/30/2013. Based on the 04/23/2014 progress report provided by [REDACTED], the diagnosis is: 1. Rotator Cuff Tear According to this report, the patient complains of constant pain and soreness in the left shoulder. The patient is status post left shoulder on 02/19/2014. Exam of the left shoulder reveals clean and dry incisions. Range of motion is: active FE 60, passive 80, ER 40, and IR 20. Pain noted with elevation of the left shoulder. There were no other significant findings noted on this report. [REDACTED] is requesting an additional physical therapy x12-continue scap based rehab. The utilization review denied the request on 05/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2014 to 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x12- continue scap based rehab:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Shoulder (Post-surgical MTUS p26, 27).

**Decision rationale:** According to the 04/23/2014 report by [REDACTED], this patient presents for a post-operative evaluation of the left shoulder. The patient is status post left shoulder 2 month. The provider is requesting an additional 12 sessions of physical therapy. The UR denial letter states "records indicate patient has had 7 out of the 12 authorized post op sessions to date between 4/9/14 and 5/5/14." Regarding rotator cuff repair, MTUS guidelines pages 26 and 27 recommend 24 visits over 14 weeks. The 03/27/2014 report indicates the patient to begin physical therapy sessions. The results were unclear as the physical therapy reports were not provided for review. In this case, the patient's 12 authorized therapy sessions and the request for an additional 12 sessions, with a total of 24 sessions appear reasonable and consistent with the guidelines for a post-operative rotator cuff repair. Recommendation is medically necessary.