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| <b>Case Number:</b>   | CM14-0088780 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 03/31/2006 |
| <b>Decision Date:</b> | 08/27/2014   | <b>UR Denial Date:</b>       | 06/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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 44-year-old male with a date of injury of 03/30/2006. The listed diagnoses per [REDACTED] is status post left shoulder rotator cuff (RTC) repair of massive tear on 01/15/2014. According to progress report 05/06/2014 by [REDACTED], the patient presents with left shoulder impingement and requires additional therapy. It was noted the patient has completed 19 of the 20 sessions to date. Objective findings are handwritten and in-illegible. Request for authorization from 05/06/2014 requests additional postop therapy 4 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy four (4) times a week for four (4) weeks for the Left Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical) Page(s): 26-27.

**Decision rationale:** This patient is status post left rotator cuff repair, decompression, and distal clavicle resection on 01/15/2014. The patient most recently presented with excellent wound

healing with no signs of infection. It was noted the patient tolerated 0 to 155 degrees active forward flexion, forward elevation, and abduction. The patient had 5-/5 motor strength of rotator cuff muscles. The provider is requesting additional physical therapy 4 times a week for 4 weeks to address residual stiffness and pain. [REDACTED], in his progress report 05/06/2014, noted the patient has completed 19 of the 20 postoperative sessions. The MTUS Postsurgical Treatment Guidelines, page 27 recommends for arthroscopic postsurgical treatment 24 visits over 14 weeks. The last physical therapy report provided for review from 05/05/2014 indicates the patient's pain is getting better but he has residual pain and stiffness. In this case, it appears the patient is improving with physical therapy and a short course of additional 8 sessions. Therefore, the post-operative physical therapy 4 times a week for 4 weeks for the left shoulder is medically necessary.