

<b>Case Number:</b>	CM14-0094796		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Orthopedic Surgery, 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 claimant is a 65-year-old gentleman who injured his right shoulder on 09/03/13. The report of the 04/28/14 assessment documents continued right shoulder complaints. Examination showed a positive Neer and Hawkin's testing with 4/5 strength. The MRI report identified supraspinatus and subscapularis tendinosis and partial tear into the subscapularis tendon at the humeral insertion. The recommendation was made for right shoulder arthroscopy, subacromial decompression and rotator cuff repair and twelve sessions of postoperative physical therapy. There is no documentation in the records provided for review to indicate that surgery has taken place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY 3XWK X 4WKS FOR THE RIGHT SHOULDER:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of physical therapy would be indicated. The request in this case is for postoperative

physical therapy following a shoulder arthroscopy, decompression of rotator cuff procedure. The Postsurgical Guidelines recommend up to 24 sessions of physical therapy in the postoperative setting. This specific request for twelve initial sessions of physical therapy is medically necessary.