

<b>Case Number:</b>	CM14-0098517		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Pennsylvania. 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 54 year old gentleman, injured in a work related accident on 12/20/12. Clinical records available for review indicated recent physical therapy report of 07/21/14 indicating the claimant is status post a recent rotator cuff repair procedure. This was due to acute exacerbation of symptoms after a fall on 06/16/14. Surgery took place on 07/17/14. At time of initial postoperative physical therapy assessment, claimant's surgical incisions were noted to be healed with bandages. Passive physical therapy modalities were performed to the claimant. There is current request for 3-5 sessions of physical therapy a week for three months, given the individual's current setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3-5 weekly for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Postsurgical Rehabilitative Guidelines would not support physical therapy 3- 5 times a week for three months. Guidelines following rotator cuff repair procedures would not support up to twenty-four sessions in the postoperative setting. The

request in this case would exceed 24 sessions with 36-60 sessions being recommended. The specific number of physical therapy sessions currently being requested exceeds guidelines and therefore is not medically necessary.