

<b>Case Number:</b>	CM14-0183692		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

63 year old female with reported industrial injury on 2/3/14. Claimant is status post massive rotator cuff repair March 2014. Patient has completed 36 postoperative physical therapy sessions. MRI right shoulder 3/12/14 demonstrates massive rotator cuff tear with advanced AC joint osteoarthritis. Exam note from 10/3/14 demonstrates claimant is 6 months status post right shoulder repair of massive rotator cuff tear. Exam demonstrates forward flexion elevation of 135 degrees, external rotation of 40 degrees and internal rotation to mid lumbar level. Strength is 4-/5 in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks, QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter, Physical Therapy

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

**Decision rationale:** Per guidelines: "Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks\*Postsurgical physical medicine treatment period:

6 months" In this case, the claimant has exceeded 6 month postoperative period recommended. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is for not medically necessary.