

<b>Case Number:</b>	CM14-0186431		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/19/1994
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 65 year old male injured worker had an industrial accident on 11/19/1994. He was a lineman for a utility company when his arm was hit pushing it backward. The injured worker continued to have pain in the left shoulder without decrease in range of motion as noted in the physician's progress note dated 10/23/2014. The rotator cuff surgery was authorized and only part of the 24 sessions of physical therapy requested were authorized as the reviewer felt due to the unrestricted range of motion noted prior to surgery, the additional sessions would not be necessary. However, the reviewer stated injured worker and provider can request additional sessions of physical therapy if the injured worker demonstrated functional improvement. At the time of this review, the medical records do not contain evidence of accomplished rotator cuff surgery or post operative functional abilities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post -op PT x 24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints

Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; \*Postsurgical physical medicine treatment period: 6 months; Postsurgical treatment, open: 30 visits over 18 weeks;\*Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds of the number of visits allowed. Therefore, the determination is not medically necessary.