

<b>Case Number:</b>	CM14-0186587		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/13/2014
<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 Minnesota. 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 injured worker is a 60 year old male with a history of low back and bilateral shoulder injuries. He has had laminectomy and fusions on 1/21/2011 and 12/14/2012. A left shoulder surgery with arthroscopy and rotator cuff repair was performed on 2/2/2012. On 6/17/2014 a right shoulder arthroscopy with subacromial decompression and bursectomy and a limited open rotator cuff repair was performed. 12 post-operative physical therapy sessions were initially certified and another 12 visits were subsequently certified. He has completed 24 sessions. The office notes of 9/25/2012 indicate the shoulder was slow in physical therapy and there was limitation of internal and external rotation. The physical therapy notes do not document significant evidence of continuing objective functional improvement. The injured worker has been instructed in a home exercise program. A request for 12 additional physical therapy visits was non-certified by UR as he has completed the general course of 24 visits of physical therapy and there is no reason why he cannot transition to a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-Operative Physical Therapy for The Right Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27,10,11.

**Decision rationale:** The post-surgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/ impingement syndrome. The physical medicine treatment period is 6 months. The injured worker completed the initial course of therapy of 12 visits and the subsequent course of therapy of another 12 visits. He can continue with a home exercise program. There is no documentation indicating that additional objective functional improvement can be accomplished by continuing physical therapy more so than he can gain with a home exercise program. Therefore the request for additional 12 physical therapy visits is not supported by guidelines and was not medically necessary.