

<b>Case Number:</b>	CM14-0189923		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

58 year old female claimant with an industrial injury dated 08/13/12. The patient is status post a right shoulder arthroscopy with extensive debridement, subacromial decompression, complete Mumford procedure, and rotator cuff repair. Exam note 10/14/14 states the patient returns with right shoulder soreness and weakness. Upon physical exam the patient had minimal tenderness to palpation surrounding the right shoulder. The patient completed a negative impingement test, and her neurovascular status is intact. Range of motion for the right shoulder has improved with a forward flexion of 160', abduction of 150', external rotation of 80', and an internal rotation to T7. The patient had a motor strength of 4+/5 with no instability. Treatment plan includes physical therapy sessions for the right shoulder. Records demonstrate the claimant has completed 22 sessions of physical therapy for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines 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 In this case the request exceeds the maximum amount of visits allowed. The records demonstrate the claimant has had 22 visits of therapy postoperatively. 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 non-certification.