

<b>Case Number:</b>	CM14-0202250		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Occupational Medicine 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:

This individual is a 60 y/o female who developed shoulder problems subsequent to a fall on 8/11/10. She has bilateral shoulder surgery, but subsequently developed a chronic complete right rotator cuff tear. On 8/27/14 she underwent a hemiarthorplasty with CTA Head placement. She has done fairly well post operatively and has completed 20 sessions of postoperative physical therapy. A total of 8 additional sessions were requested, which was modified in utilization review to approval of 2 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy for right shoulder x 12 sessions:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.clevelandshoulder.com/pdf/tsarehabinstructions.pdf>

**Decision rationale:** California MTUS Post-Surgical Guidelines do not directly address this procedure. Arthroplasty is discussed, but the placement of a joint hardware via a hemiarthorplasty is a fairly new procedure and is not directly addressed. The need for guided gradual strengthening and continued ROM would be similar to that of a complete rotator cuff tear which

has Guidelines support for up to 40 sessions of post-operative therapy. This is an exceptional circumstance and the request for an additional 8 sessions (to total 28 post op sessions) is medically necessary.