

<b>Case Number:</b>	CM14-0207116		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

This is a 62-year-old female with a 7/9/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 9/2/14 was handwritten and largely illegible. A progress report dated 4/17/14 noted no neurological deficits. An MRI of the left shoulder demonstrated large rotator cuff tear and the patient is scheduled for open repair. Diagnostic Impression: rotator cuff syndrome s/p prior shoulder surgery. Treatment to Date: medication management, shoulder surgery. A UR decision dated 11/15/14 denied the request for six sessions for home physical therapy post-operatively for left shoulder. There was nothing indicating the patient would be homebound at any time post-operatively and would be unable to participate in outpatient physical therapy to necessitate 6 sessions of home physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions for home physical therapy post-operatively for left shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Rotator Cuff Repair

**Decision rationale:** The MTUS post-surgical guidelines allow up to 30 visits over 18 weeks for open treatment of rotator cuff repair. The CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, although post-surgical physical therapy is warranted, there is no documentation to justify the need for home therapy. There is no indication that the patient is homebound. Therefore, the request for six (6) sessions for home physical therapy post-operatively for left shoulder was not medically necessary.