

<b>Case Number:</b>	CM15-0008282		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year old with an industrial injury dated 09/27/2012. He states he was coming out of a water truck, stepped onto a platform in the dark and missed the next step falling to the ground. Injuries involved right shoulder, right arm, back and hip. Currently he is complaining of headaches, right sided neck pain right shoulder pain, low back pain and right hip pain. Physical exam reveals decreased range of motion in the neck and right shoulder with tenderness over the lumbar spine and right hip. Prior treatment included right shoulder surgery, physical therapy, diagnostics and medications. On 12/29/2014 Utilization Review non-certified the requests for 8 additional post-operative therapy sessions to right shoulder. Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. Medical records document right shoulder arthroscopy surgery on 04-25-2013. The patient had open repair of a rotator cuff tear. The patient has received 70 post-operative physical therapy sessions. Twelve physical therapy sessions were certified on 06-24-2014. No functional improvements were documented with the past 70 physical therapy visits. The request for additional physical therapy visits is not supported by MTUS Postsurgical Treatment Guidelines. Therefore, the request for additional physical therapy sessions is not medically necessary.