

<b>Case Number:</b>	CM15-0133032		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old female who sustained an industrial fall injury on 07/28/2014. The injured worker was diagnosed with rotator cuff tear and impingement. The injured worker is status post right arthroscopy rotator cuff repair, biceps tenotomy and subacromial decompression on June 8, 2015. Treatment to date has included diagnostic testing, surgery and medications. According to the primary treating physician's progress report on July 2, 2015, the injured worker's incision was well healed, arm sling was worn and neurovascular status was intact. Range of motion of the right elbow, hand and fingers were intact. Current medications were listed as Tramadol, Naproxen and Tylenol. Treatment plan consists of discontinuing sling; begin physical therapy, medications as prescribed, home exercise program instructions and the current request for post-operative physical therapy times 36 sessions to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**36 sessions of physical therapy, 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.

**Decision rationale:** The injured worker is a 55-year-old female. She is status post arthroscopy of the shoulder with subacromial decompression and rotator cuff repair. The disputed request pertains to postsurgical physical medicine treatment. The provider has requested 36 physical therapy visits. California MTUS postsurgical treatment guidelines indicate that 24 visits over 14 weeks may be prescribed for a rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement a subsequent course of the remaining 12 visits may be prescribed. The request as stated is for 36 visits which exceeds the guideline recommendation. As such, the medical necessity of the request has not been substantiated.