

<b>Case Number:</b>	CM15-0162379		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Family Practice

### 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 50 year old man sustained an industrial injury on 9-4-2014. The mechanism of injury is not detailed. Evaluations include right shoulder MRI dated 3-5-2015 showing full thickness supraspinatus tendon retraction, tear of the upper fibers of the subscapularis tendon, tendinosis, and extensive subchondral cystic changes. Diagnoses include right shoulder impingement syndrome and right rotator cuff tear. Treatment has included oral medications and surgical intervention with post-operative physical therapy. Physician notes dated 8-3-2015 show complaints of right shoulder pain. the physical examination shows tenderness to palpation at the acromioclavicular joint with a well-healed incision, pain on range of motion, abduction 160 degrees and external rotation 80 degrees, and normal strength noted with the supraspinatus at 4 out of 5. Recommendations include additional physical therapy and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Physical Therapy x8-12 to the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009,  
Section(s): Shoulder.

**Decision rationale:** The MTUS guidelines recommend up to 24 sessions of post operative physical therapy treatments for this injured worker's condition. The medical records note that the injured worker has completed 24 sessions of therapy and additionally Utilization Review had modified to allow for an additional 4 sessions. The medical records do not establish red flags or significant remaining objective functional deficits that would preclude the injured worker from participating in a home exercise program. The request for additional physical therapy treatments is not supported. The request for Post Op Physical Therapy x8-12 to the right shoulder is not medically necessary and appropriate.