

<b>Case Number:</b>	CM15-0165964		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female who sustained an industrial injury on 5-29-14. Progress report dated 8-5-15 reports follow up for right shoulder rotator cuff repair done on 5-29-14. She has complaints of right hand and thumb pain. She is having a lot of pain in her shoulder and rib pain. Diagnoses include: pain in shoulder joint and right rotator cuff tear. Plan of care includes: stop norco 10-325 mg and renew norco 5-325 mg, #40, try wearing a wrist brace at night, Work status: may return to work on 8-5-15 with restrictions of no lifting over 5 pounds, no pushing or pulling and limit use of right hand, recommend restart physical therapy and follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy to right shoulder Qty 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy Guidelines.

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

**Decision rationale:** The current request is for Post op physical therapy to right shoulder Qty 12. Treatment history includes right shoulder rotator cuff repair done on 02/12/15, physical therapy, and medications. The patient is not working. MTUS Post-Surgical Guidelines Shoulder Arthroscopy, Shoulder, pages 26-27 allow for 24 visits over 14 weeks for a rotator cuff syndrome/Impingement syndrome. The post-surgical time frame is 6 months. Per report 08/05/15, the patient presents with pain in the shoulder region anteriorly. Examination revealed good ROM, and at least 4/5 adductors on the right. The treater reported she is recovering from her shoulder surgery, has nearly full ROM, good strength, negative impingement, but still has other complaints. The treater states "I would like her to start another course of physical therapy." The patient has completed 23/24 authorized post-operative PT sessions following the 02/12/15 rotator cuff repair. In this case, the patient presents nearly full ROM and good strength with no other positive examination findings. There is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. The additional 12 sessions with the 23 already received exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional physical therapy IS NOT medically necessary.