

<b>Case Number:</b>	CM15-0187627		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Pennsylvania, Ohio, 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 66 year old female who sustained an industrial injury 05-14-14. A review of the medical records reveals the injured worker is undergoing treatment for right rotator cuff partial thickness tear with chronic impingement; status postindustrial right upper extremity stress-strain injury. Medical records (07-06-15) reveal the injured worker complains of pain rated at 9/10. The physical exam (07-03-15) reveals limited range of motion of the right shoulder, with severe supraspinatus tenderness noted on the right, and moderate greater tuberosity and acromioclavicular joint tenderness. Prior treatment includes 10 sessions of physical therapy, and anti-inflammatory medications. The treating provider reports the MRI of the right shoulder reveals "supraspinatus and infraspinatus tendinosis with partial thickness rotator cuff tear and acromioclavicular joint degenerative joint disease." The original utilization review (08-26-15) non certified the request for 12 sessions of postoperative physical therapy to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 3 times a week for 4 weeks for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.