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| <b>Case Number:</b>   | CM15-0022584 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 10/23/2013 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 01/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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, Arizona  
 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 reported an injury on 10/23/2013. The mechanism of injury was not provided. Her diagnoses was noted as cervical spine disc herniation, cervical spine spondylolisthesis, lumbar spine disc herniation, status post left knee arthroscopy and status post right shoulder arthroscopy. During the assessment, on 02/16/2015, the injured worker reported ongoing shoulder pain at an average intensity of 5/10. She reported that she had noticed some improvement with regard to right shoulder range of motion. She also reported occasional swelling in the left knee. She stated she had lower back pain with prolonged walking, but was still experiencing pain relief since the lumbar epidural steroid injection. The physical examination of the shoulders revealed: flexion of 140 degrees on the right and 160 degrees on the left, abduction of 100 degrees on the right and 160 degrees on the left, internal rotation of 50 degrees on the right and 70 degrees on the left, and external rotation of 45 degrees on the right and 60 degrees on the left. There was a positive Hawkins and Neer's test on the right. The treatment plan was to request additional postoperative physical therapy. It was noted that the injured worker had completed 16 out of 24 authorized postoperative physical therapy sessions. The rationale for the request was: the injured worker had a significant setback as she fell on her right shoulder on 2 separate occasions. The injured worker reported no recent improvement with regard to her right shoulder pain level. The Request for Authorization form was dated 01/21/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional post-operative physical therapy:** Upheld

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

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

**Decision rationale:** The request for 12 additional post-operative physical therapy is not medically necessary. The California MTUS Guidelines recommend up to 24 visits over 14 weeks for postsurgical treatment following rotator cuff repair. The injured worker was noted to have completed 16 out of the 24 authorized postoperative physical therapy sessions, with reports of no recent improvement in regard to her right shoulder pain level. The requested 12 additional post-operative physical therapy would exceed guideline recommendation. Given the above, the request is not medically necessary.