

<b>Case Number:</b>	CM15-0028032		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 60 year old female, who sustained an industrial injury on 5/24/2014. The diagnoses have included shoulder sprain/strain, rotator cuff tear and strain/sprain of cervical spine. Treatment to date has included physical therapy. The injured worker underwent open rotator cuff tear repair of the left shoulder on 1/23/2015. A physical therapy discharge summary, visit number 14, dated 7/30/2014 documents that the injured worker was being referred to a shoulder specialist to evaluate the need for surgery. According to the Primary Treating Physician's Progress Report dated 1/30/2015, the injured worker had subjective complaints of painful and tight neck, upper back, left shoulder and left shoulder with spasms. Objective findings revealed pain, tenderness and swelling; no redness or ecchymosis. There was pain and spasm of cervical spine with decreased range of motion on exam. The injured worker was one week postoperative left shoulder surgery. The treatment plan was to begin physical therapy for full-passive, gentle progressive, active-assisted and active range of motion as tolerated. Authorization was requested for physical therapy. On 2/6/2015, Utilization Review (UR) modified a request for Postoperative Physical Therapy three times a week for four weeks for the left shoulder to Postoperative Physical Therapy times six for the left shoulder. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 3 x 4 (12) for the left shoulder:** Overturned

**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): 27-28.

**Decision rationale:** This patient is status post left shoulder rotator cuff tear repair on 1/23/15. The current request is for POST OPERATIVE PHYSICAL THERAPY 3X4 -12- FOR THE LEFT SHOUDLER. For rotator cuff repair of the shoulder, the MTUS post operative Guidelines page 28 and 27 recommends 24 sessions. The utilization review denied the request stating that it is probable that more therapy is indicated, but we have nothing from the physical therapy or the MD to indicate that the patient has been "making progress." This patient has completed 12 post operative therapy. The physical therapy progress notes are not included in the medical file. In this case, the patient has some residual pain, tenderness and swelling following surgery and the requested additional 12 sessions are in according with MTUS post surgical guidelines. This request IS medically necessary.