

<b>Case Number:</b>	CM15-0224598		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 47 year old female, who sustained an industrial injury on 3-12-09. The injured worker was being treated for rotator cuff tear of right shoulder, surgically treated. On 10-5-15 the injured worker reported she was still having pain, although she does see improvement in motion and continues to have neck pain radiating down her right arm and on 10-26-15, the injured worker reports she has not been going to physical therapy as it has just recently been authorized. Physical exam performed on 10-5-15 and 10-26-15 revealed pain with extreme range of motion of right shoulder with improving strength and normal distal neurovascular exam. Treatment to date has included right shoulder rotator cuff repair, physical therapy and activity modifications. On 10-26-15 request for authorization was submitted for post op physical therapy 12 visits. On 11-6-15 request for post op physical therapy 12 visits was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient post-operative physical therapy (PT) to right shoulder 3 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

**Decision rationale:** The patient underwent repair of rotator cuff on August 19, 2015. The postsurgical treatment is 24 physical medicine visits over 14 weeks with postsurgical physical medicine treatment period of 6 months. 24 physical medicine treatments were approved and per peer review apparently completed. The number of physical medicine treatments completed is not documented clearly in the medical record. The lack of documentation does not allow determination of necessity. The request should not be authorized.