

<b>Case Number:</b>	CM15-0045046		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 45-year-old male who reported an injury on 10/09/2012. The mechanism of injury was not stated. The current diagnoses include right rotator cuff tear, right frozen shoulder, and cervical herniated nucleus pulposus. The injured worker presented on 01/15/2015 for a follow-up evaluation with complaints of ongoing discomfort and pain with range of motion of the right shoulder. Upon examination of the right shoulder, there was limited and painful range of motion. Recommendations included surgical intervention to include a possible rotator cuff revision with 12 sessions of postoperative physical therapy. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical therapy 2xwk x 6wks Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a rotator cuff repair includes 24 visits over 14 weeks. Although, the current request for 12 sessions of postoperative physical therapy would fall within guideline recommendations, it is noted that the injured worker has not been issued authorization for the surgical procedure. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.