

<b>Case Number:</b>	CM15-0048252		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male patient, who sustained an industrial injury on 06/20/2005. A primary treating office visit dated 01/12/2015, reported subjective complaint of left shoulder weakness. Objective findings showed good passive range of motion, and weak to resisted range of motion. The patient is diagnosed with rotator cuff rupture. The plan of care involved preparation to begin physical therapy for active range of motion and left rotator cuff surgical intervention. In addition, the patient will need physical therapy for cervical spine. He is to remain off from work through 02/23/2015. An office visit dated 12/15/2014 reported the patient using Norco for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times a week for 6 weeks to cervical spine and left shoulder Qty:18:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and underwent a left rotator cuff repair for a complete rupture in December. As of the date of this request, he had completed 14 post-operative visits. An additional 18 visits was requested. Post surgical treatment after the claimant's shoulder surgery includes up to 40 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months, although goals can usually be achieved with fewer visits than the maximum recommended. Compliance with a home exercise program would be expected would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. However, in this case, the total number of visits being requested is within guideline recommendations and therefore medically necessary.