

<b>Case Number:</b>	CM15-0058141		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 45 year old female sustained an industrial injury to the neck, back and right shoulder on 7/2/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 1/19/15, the injured worker complained of right shoulder pain. Physical exam was remarkable for right shoulder swelling with restricted range of motion and loss of strength. Current diagnoses included right shoulder bursitis, right shoulder rotator cuff syndrome and cervical spine and lumbar spine radiculopathy. The treatment plan included right shoulder surgery with associated surgical services including postoperative physical therapy. On 1/23/15, the injured worker underwent right shoulder arthroscopy with extensive synovectomy, chondroplasty of the glenoid, right shoulder arthrotomy, open decompression, rotator cuff repair, application of a brace and placement of a pain pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Physical Therapy, Right Shoulder:** 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:** MTUS states that for rotator cuff syndrome or impingement repair justify the following amount of post-operative therapy: "Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months". The request has no quantity specified so it is assumed to be unlimited. Therefore, the request is not medically necessary.