

<b>Case Number:</b>	CM15-0231540		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: 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 52 year old male, who sustained an industrial injury on 6-25-2014. Diagnoses include right shoulder rotator cuff tear status post arthroscopy. Treatments to date include activity modification, twelve (12) post-operative physical therapy sessions, anti-inflammatory medication, NSAID, and narcotic medications. On 11-3-15, the records indicated he is status post right shoulder arthroscopy for rotator cuff repair on 5-22-15, with subsequent re-injury and exacerbation in symptoms. A right shoulder MRI was obtained on 10-19-15, noted to reveal no evidence of recurrent tear. He complained of ongoing right shoulder pain. He has completed 5 of 12 approved physical therapy sessions. The physical examination documented the range of motion in the shoulder was 0 to 140 degrees with stiffness and pain and decreased strength as 3+ out of 5. The plan of care included additional 12 physical therapy sessions for a total of 24 physical therapy sessions post-operatively for the right shoulder. The appeal requested authorization for twelve (12) physical therapy sessions for the right shoulder. The Utilization Review dated 11-11-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the right shoulder 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The requested Physical therapy to the right shoulder 12 sessions is medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27 recommend up to 24 post-op physical therapy sessions for this condition. The injured worker is status post right shoulder arthroscopy for rotator cuff repair on 5-22-15, with subsequent re-injury and exacerbation in symptoms. A right shoulder MRI was obtained on 10-19-15, noted to reveal no evidence of recurrent tear. He complained of ongoing right shoulder pain. He has completed 5 of 12 approved physical therapy sessions. The physical examination documented the range of motion in the shoulder was 0 to 140 degrees with stiffness and pain and decreased strength as 3+ out of 5. The plan of care included additional 12 physical therapy sessions for a total of 24 physical therapy sessions post-operatively for the right shoulder. The treating physician has documented functional benefit from completed therapy sessions and the medical necessity for completion of the guideline-recommended 24 post-op sessions. The criteria noted above having been met, Physical therapy to the right shoulder 12 sessions is medically necessary.