

<b>Case Number:</b>	CM13-0044455		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old female who reported an injury on 10/23/11 due to a fall. The injured worker sustained an injury to her neck, upper back, left shoulder, right shoulder, left knee, and left ankle/foot. The injured worker's treatment history included physical therapy, acupuncture, and multiple medications. The injured worker underwent an MRI on 6/29/13 of the left shoulder. It was concluded that there was a fat signal involving the great tuberosity of the proximal humerus and evidence of a distant healed fracture, severe tendinosis of the supraspinatus and infraspinatus, moderate tendinosis of the intrascapular portion of the biceps, and mild degenerative changes to the acromioclavicular joint. The injured worker was evaluated on 7/9/13. It was documented that the injured worker had restricted range of motion of the left shoulder described as 0 degrees to 175 degrees in flexion, 0 degrees to 40 degrees in external rotation, and internal rotation to the T12 with a positive Hawkins' sign and impingement sign and weakness with abduction testing. The injured worker's diagnoses at that time included left shoulder impingement syndrome with a rotator cuff tear. The injured worker's treatment plan included subacromial decompression with rotator cuff repair of the left shoulder. The injured worker underwent surgical intervention on 11/8/13. The surgical intervention included diagnostic arthroscopy, synovectomy, bursectomy, removal of the subacromial bursa, coracoacromial ligament resection, and subacromial decompression with arthroscopic repair of the rotator cuff tendon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE PHYSICAL THERAPY TO THE LEFT SHOULDER, TWICE PER WEEK FOR FOUR WEEKS:** Overturned

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

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

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines recommend up to 24 visits of postsurgical physical therapy for impingement syndrome and rotator cuff repair surgery; however, the initial course of treatment should equal half the number of total recommended physical therapy visits. This would equal 12 visits of physical therapy. The requested 8 visits fall within this recommendation and would be supported by guideline recommendations. As such, the request is medically necessary.