

<b>Case Number:</b>	CM14-0116125		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Occupational Medicine, 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:

Injured worker is a female with date of injury 8/17/2013. Per primary treating physician's progress report dated 5/15/2014, the injured worker complains of right shoulder pain. She is taking Naprosyn with no improvement. On examination she is neurovascularly intact. Pain is 8/10. Diagnoses include 1) right shoulder rotator cuff tear 2) right shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This is a request for Physical Therapy 3x8 to start two weeks after surgery. Per the MTUS Guidelines, 24 visits over 14 weeks are recommended for postsurgical treatment following arthroscopic surgery for rotator cuff syndrome/impingement syndrome. The claims administrator notes that the request for surgery has not been authorized. In this case, the request for postsurgical physical therapy is not medically necessary. The request for Physical Medicine Procedure is determined to not be medically necessary.

