

<b>Case Number:</b>	CM14-0199636		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Orthopedic Surgery 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:

65 year old male claimant with an industrial injury dated 09/03/13. The patient is status post a right shoulder surgery as of 08/16/14; along with a 2.5 months postoperative right shoulder rotator cuff repair sub-acromial decompression. Exam note 10/27/14 states the patient returns with right shoulder pain. Upon physical exam the patient demonstrated a active range of motion with a flexion of 90', extension of 20', abduction of 80', external rotation of 45' and internal rotation of 50'. Passive range of motion for the right shoulder was noted as a flexion of 130', extension of 30', abduction of 110', external rotation of 60', and internal rotation of 60'. Neer and Hawking impingement test were demonstrated as positive. The patient had a motor strength of 5/5. Speed and Yergason exams were demonstrated as negative. Conservative treatments have included 12 postoperative physical therapy sessions, and an at-home exercise program. Diagnosis is noted as right shoulder rotator cuff syndrome, and sleep issues. Treatment includes additional physical therapy sessions to improve strength and range of motion of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Physical therapy 3 x 4, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the exam notes from 10/27/14 demonstrate insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is not medically necessary.