

<b>Case Number:</b>	CM14-0218441		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Orthopedic Surgery, Sports 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 43-year-old female who reported an injury on 11/12/2012. The mechanism of injury was not provided. Her diagnoses included complete rupture of rotator cuff. Past treatments included medications and surgery and physical therapy. Her surgical history included arthroscopy of the right shoulder on 09/10/2013, and arthroscopy of the upper extremity rotator cuff repair on 08/05/2014. On 12/03/2014, the patient was seen for a followup visit. The patient reported continued stiffness after completing physical therapy, she also reported acupuncture did not help. Physical examination revealed tenderness over the posterior scapula, range of motion was active forward elevation at 120 degrees, external rotation at 45 degrees, with 2+ reflexes and normal sensation, muscle strength at 5/5. Her current medications were noted to include naproxen 500 gm taken 2 times a day, Norco 10/325 mg taken every 4 hours, ondansetron 4 mg taken daily, Percocet 5/325 mg taken every 4 hours, Prilosec 20 mg taken daily, and Ultram 50 mg taken every 6 hours. The treatment plan included physical therapy 2 times a week for 3 weeks, and a followup visit. A request was received for Post-op physical therapy 2 x 3 for right shoulder. The rationale for the request was not provided. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op physical therapy 2 x 3 for right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27, 17.

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

**Decision rationale:** The request for Post-op physical therapy 2 x 3 for right shoulder is not medically necessary. The California MTUS Guidelines recommend up to 14 visits of postsurgical treatment for rotator cuff repair for up to 6 months following the surgery. The clinical information indicated the patient underwent rotator cuff repair on 08/05/2014 followed by postoperative therapy. However, there was no documentation with evidence of the number of physical therapy visits completed to date. In addition, there was no documentation with the quantifiable evidence of functional improvement with physical therapy. Given the absence of the information indicated above, the request is not supported. In addition, the postsurgical treatment has been exceeded as the surgery occurred more than 6 months ago. Therefore, the request is not medically necessary.