

<b>Case Number:</b>	CM14-0038499		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/07/2005
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

According to the records made available for review, this is a 73-year-old male with a 6/7/05 date of injury. At the time (3/18/14) of the Decision for post-op physical therapy 2xwk x 4wks right shoulder (8), there is documentation of subjective (shoulder pain) and objective (tenderness near the subacromial bursa, decrease range of motion, and weak supraspinatus on cuff testing) findings, current diagnoses (full thickness rotator cuff tear), and treatment to date (medications, physical therapy, and cortisone injections).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Post-Op Physical Therapy 2xWk x 4Wks Right Shoulder (8): Upheld**

**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:** MTUS Postsurgical Treatment Guidelines identifies up to 40 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended

for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of full thickness rotator cuff tear. In addition, given the requested post-op physical therapy 2xwk x 4wks right shoulder (8), there is documentation that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. However, there is no documentation of a pending surgery that is authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for post-op physical therapy 2xwk x 4wks right shoulder (8) is not medically necessary.