

<b>Case Number:</b>	CM15-0116758		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/25/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male patient who sustained an industrial injury on 01/25/2015. The initial report of illness dated 01/25/2015 reported while working as a technician he slipped coming off a belt loader landing on his right shoulder/arm with resulting injury. The initial treating diagnoses were: contusion, shoulder right; abrasion elbow right; abrasion right hand and contusion right hand. A primary treating office visit dated 05/22/2015 reported the patient with subjective complaint of having right shoulder soreness, right arm stiffness, and right arm weakness. The patient was diagnosed with being status post right shoulder arthroscopic repair 04/28/2015. The plan of care noted the patient initiating pendulum range of motion exercises to the right shoulder; initiate physical therapy session with passive range of motion exercises, and follow up visit. Orthotics was dispensed along with Nabumetone. He was referred to a course of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of continued physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient is s/p shoulder arthroscopy for rotator cuff repair on 4/28/15 with 12 post-op PT sessions authorized. Current request is for an additional 8 sessions; however, no report of functional benefit is provided. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. There are no updated reports of PT being started or clear measurable evidence of progress with the PT treatment perhaps already rendered or yet to be completed including milestones of increased ROM, strength, and functional capacity to support for the additional PT beyond the initial course of 12 post-op PT visit as authorized. Upon evidence of progress, utilization can review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals. The 8 sessions of continued physical therapy is not medically necessary and appropriate.