

<b>Case Number:</b>	CM15-0124482		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 63 year old male, who sustained an industrial injury on 09/04/2014 secondary to a trip and fall onto his right arm. On provider visit dated 06/17/2015 the injured worker has reported being status post shoulder surgery on 03/30/2015. On examination of the right shoulder revealed no tenderness and a decreased range of motion was noted. The diagnoses have included traumatic right rotator cuff tear. Treatment to date has included physical therapy and medication. The provider requested physical therapy, right shoulder - 6 sessions to improve range of motion/ function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Right Shoulder, 6 sessions:** Upheld

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

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

**Decision rationale:** The patient is status post shoulder surgery for rotator cuff repair on 03/30/2015. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The patient has received at least 20 of the 24 post-

op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Physical Therapy, Right Shoulder, 6 sessions is not medically necessary and appropriate.