

<b>Case Number:</b>	CM15-0126897		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female with an industrial injury dated 12/05/2014. The injured worker's diagnoses include complete rupture of rotator cuff and stiffness of joint, not elsewhere classified of the left shoulder region. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/27/2015, the injured worker reported left shoulder pain with stiffness. Objective findings revealed decrease range of active/passive motion in the left shoulder. The treating physician prescribed services for post-operative physical therapy, 2 times weekly for 6 weeks, left Shoulder, Qty 12 sessions now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Physical Therapy, 2 times wkly for 6 wks, Left Shoulder, Qty 12 sessions:**

Overtuned

**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:** The claimant sustained a work-related injury in December 2014 and underwent arthroscopic repair of a rotator cuff rupture in January 2015. When requested, she had completed 18 physical therapy treatments and was also receiving acupuncture. There was significantly decreased range of motion and strength. There muscle spasms. An additional 12 physical therapy treatment sessions were requested. Modified work was continued. The claimant is left hand dominant. Guidelines recommend up to 40 physical therapy treatments over 16 weeks after surgical repair of a complete rotator cuff rupture. In this case, the claimant has ongoing symptoms with decreased range of motion and strength affecting her dominant left upper extremity. The requested number of additional treatments is within the guideline recommendation and was medically necessary.