

<b>Case Number:</b>	CM15-0095011		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old male, who sustained an industrial injury on 6/13/2013. He reported pulling his right shoulder. Diagnoses have included right rotator cuff repair (1/16/2014) and right shoulder pain. Treatment to date has included surgery, physical therapy and a home exercise program. According to the progress report dated 1/8/2015, the injured worker complained of intermittent dull pain in his right shoulder rated 4/10. Pain was worse when raising his arm up or lying on his right side. He also reported intermittent numbness and tingling radiating down his arm. The injured worker was to return to modified work with restrictions. Authorization was requested for physical therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service; Physical therapy for the right shoulder 3 times a week for 4 weeks, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
 Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the worker has had 36 post-operative visits and the progress note of 1/8/15 does not provide any documentation of anticipated functional improvement expected with further therapies in excess of guideline recommendations. Therefore, the request is not medically necessary.