

Case Number:	CM14-0004026		
Date Assigned:	02/05/2014	Date of Injury:	11/14/2011
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57-year-old male who reported an injury on 12/14/2011 due to cumulative trauma while performing normal job duties. The injured worker ultimately underwent a rotator cuff repair followed by postoperative physical therapy. The clinical documentation submitted for review indicated that as of 12/11/2013, the injured worker had completed twenty-three (23) visits of physical therapy. A request was made on 12/14/2013 for an additional eight (8) visits of physical therapy. No clinical information from the date of the request was provided. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker had a well healed anterior scar with minimal keloid scarring on the right shoulder with 50% of normal range of motion and weakness to the right upper extremity. The injured worker's diagnoses included cervical discopathy, lumbar discopathy, status post right shoulder replacement, bilateral carpal tunnel syndrome, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY X 8 SESSIONS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES., ,

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

Decision rationale: The Postoperative Treatment Guidelines recommend twenty-four (24) visits of postoperative physical therapy for a shoulder replacement. The clinical documentation submitted for review does indicate that the injured worker has completed at least twenty-three (23) visits of physical therapy status post surgical intervention. However, the clinical documentation did not provide any documentation to support significant functional benefit related to prior therapy. Additionally, the requested eight (8) visits in combination with the previous twenty-three (23) visits exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested postoperative physical therapy times eight (8) sessions is not medically necessary or appropriate.