

Case Number:	CM14-0009293		
Date Assigned:	02/14/2014	Date of Injury:	10/07/2011
Decision Date:	06/16/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery 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 patient reported an industrial injury on October 7, 2011. The exam notes from January 8, 2014 demonstrate a recent surgical procedure with healing surgical wounds. An exam demonstrates a normal range of motion and slight decrease in strength (4/5). The elbow examination was normal and pain to palpation over the T10/T11 region of the thoracic spine. There was no documentation of an amount of physical therapy completed in records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 VISITS OF PT FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines for postsurgical treatment of rotator cuff indicates that 24 visits over 14 weeks are recommended. In this case there is insufficient evidence of functional improvement with the initial visits or quantity of physical therapy to warrant additional visits. The patient has exceeded the recommended visits. The service requested is not medically necessary.