

Case Number:	CM14-0012461		
Date Assigned:	02/21/2014	Date of Injury:	03/15/2013
Decision Date:	06/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neurological 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 injured worker is a 54-year-old male injured on March 15, 2013. A request for additional physical therapy for the involved left shoulder was not certified. Prior treatment has included conservative care, surgical intervention, a cold therapy unit and postoperative rehabilitative physical therapy. The current diagnosis is listed as a full thickness rotator cuff tear (726.1). It is noted that twelve sessions of postoperative physical therapy had been completed, and an additional twelve sessions were pending as of November, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 X 6 FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: When noting the date of injury, the date of surgery, the amount of physical therapy completed after the surgery and the lack of any particular clinical findings noted after completing the postoperative rehabilitation, there is insufficient clinical evidence presented to

support the need for any additional physical therapy. The 24 visits of physical therapy completed our in compliance with the parameters noted within the California Medical Treatment Utilization Schedule (CAMTUS). However, at this point transfer to a home exercise protocol is all that would be supported.