

Case Number:	CM14-0129740		
Date Assigned:	08/20/2014	Date of Injury:	12/08/2013
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 claimant is a 60-year-old gentleman who experienced an onset of left shoulder pain at work on 12/08/13 when he removed a fire hose from a rack. The medical records provided for review document that following a course of conservative care, the claimant underwent right shoulder arthroscopy, subacromial decompression, debridement and rotator cuff repair on 05/01/14. Postoperatively, the claimant is noted to have attended 32 sessions of physical therapy. The PR2 report on 07/28/14 noted subjective improvement with physical therapy, but continued pain with certain movement. Examination was documented to show 165 degrees of flexion and "some rotator cuff weakness." The recommendation was made for 12 additional sessions of physical therapy for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for Left Shoulder (12 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for 12 additional sessions of physical therapy cannot be recommended as medically necessary. The medical records identify that at the time of the request, the claimant was greater

than three months following time of surgery and had attended 32 sessions of therapy. The Post-Surgical Guidelines recommend up to 24 visits of physical therapy over a 14 week period of time following subacromial decompression and rotator cuff repair. The medical records document that the claimant has regained essentially full range of motion. Based on the claimant's range of motion, it is unclear why the claimant would not be capable of transitioning to a home exercise program. The medical records do not contain any documentation to support that the claimant would be an exception to the standard guideline treatment. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.