

Case Number:	CM14-0134899		
Date Assigned:	08/27/2014	Date of Injury:	01/10/2011
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 50 year old female with an industrial injury dated 01/10/11. The patient is status post a left shoulder arthroscopic rotator cuff repair surgery as of 02/23/12 and an arthroscopic rotator cuff repair on 10/08/13 as well. Exam note 07/30/14 states the patient returns looking healthy, feeling stronger, with no paresthesias. Upon physical exam there was normal sensation, no erythema, drainage or signs of infection. Also the patient demonstrated a 4+/5 in strength. MRI 4/22/14 provides evidence that the patient does has significant fluid within the supra and infra junction with re-tear. Diagnosis is noted as a re-tear of infraspinatus repair. 60 session of postoperative physical therapy is noted to have been approved since 10/8/13 left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions Left Shoulder Surgery: Upheld

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

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

Decision rationale: Per the MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Complete rupture of

rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks; and Postsurgical physical medicine treatment period: 6 months. In this case the claimant has exceeded the maximum amount of visits allowed with 60 visits. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore 18 Physical Therapy Sessions Left Shoulder Surgery is not medically necessary.