

Case Number:	CM14-0136039		
Date Assigned:	09/03/2014	Date of Injury:	05/12/2011
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 underlying date of injury in this case is 05/12/2014. The date of utilization review under appeal is 07/22/2014. This review is regarding the necessity of additional postoperative therapy to the left shoulder. The patient previously was approved for 28 visits of therapy. On 05/29/2014, a secondary treating physician's progress report notes the patient was seen in followup and was doing well after revision of a left shoulder rotator cuff repair. The patient specifically was doing well as far as range of motion and strength. This physician wished for the patient to continue with physical therapy for strengthening and transition to a home exercise program, and therefore he was given an additional therapy prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 99, Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an independent active home rehabilitation program. The Medical Treatment Utilization

Schedule Postsurgical Treatment Guidelines, section 24.3, page 11, state that the treating physician may request additional physical therapy if there are specific functional benefits identified as appropriate for such therapy. In this case, the medical records indicate that the patient has received extensive physical therapy and has done well in that regard. The records do not provide a rationale as to why this patient would require additional supervised rather than independent rehabilitation. This request is not medically necessary.