

Case Number:	CM14-0150185		
Date Assigned:	09/18/2014	Date of Injury:	08/10/2012
Decision Date:	11/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 injured worker is a 63-year-old man who injured his left shoulder on 8/10/12. He was diagnosed with a rotator cuff sprain. MRI of the left shoulder 1 month post injury demonstrated a full thickness rotator cuff tear of the supraspinatus and infraspinatus tendons. On 5/17/13 the injured worker underwent left shoulder arthroscopic rotator cuff repair. He received 40 postoperative physical therapy visits for this injury.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured workers is more than 1 year status post left shoulder surgery. Upon reevaluation by the primary treating physician on June 11, 2014, the injured worker was noted to have worsening stiffness and discomfort in his shoulder. The shoulder exam was noted to have healed surgical scars, forward flexion of 155 and abduction of 160 and motor strength of 4/5 in all directions. Based on these findings the treating physician requested an additional 12 physical therapy visits which was felt would help improve the patient quality of life. Postsurgical

MTUS treatment guidelines specifies a 6 month physical medicine treatment of up to 24 visits. MTUS guidelines for physical medicine for the diagnosis of myalgias and myositis unspecified allows for 9-10 physical therapy visits over 8 weeks. The request as stated exceeds the aforementioned guidelines and is therefore not medically necessary.