

Case Number:	CM14-0169728		
Date Assigned:	10/20/2014	Date of Injury:	05/22/2013
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine and is licensed to practice in New York. 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 65 year old male with a date of injury on 5/22/2013. He injured his left shoulder while helping a client take a shower and developed persistent pain symptoms since that time. He was diagnosed with a left rotator cuff sprain and a rupture of the long head of the biceps. He did not respond to conservative treatments. He underwent left shoulder arthroscopic surgery on 6/19/2014. He received 26 documented physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times 4 visits for the left shoulder QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: Official Disability Guidelines state that up to 24 visits of physical therapy are indicated for the post-surgical treatment of rotator cuff repair. This injured worker has already exceeded this number of physical therapy visits based on the medical record. In addition, the Medical Treatment Utilization Schedule guidelines state that the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes.

Such active treatment can be provided through a self-directed home exercise program at this time. Therefore, the requested physical therapy 2 times 4 visits for the left shoulder quantity: 8 would not be medically necessary in this case and are therefore is not medically necessary.