

Case Number:	CM14-0174872		
Date Assigned:	10/28/2014	Date of Injury:	03/14/2014
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery and is licensed to practice in Orthopedic Surgery. 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:

57-year-old claimant with reported industrial injury of 3/14/14. Claimant is status post right shoulder arthroscopy on 6/27/14 with arthroscopic labral repair, debridement and subacromial decompression. Exam note 9/29/14 demonstrates that the claimant has 160 degrees of flexion and 140 degrees of abduction. Physical therapy notes from 9/29/14 demonstrates claimant has 4-5 strength and 156 degrees of flexion and 158 degrees of abduction actively. Records demonstrate the claimant has completed 29 of 36 visits of postop physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x18 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24

visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsPostsurgical treatment, open: 30 visits over 18 weeks*Postsurgical physical medicine treatment period: 6 monthsIn this case the request of 18 additional therapy visits exceeds the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.