

Case Number:	CM14-0179975		
Date Assigned:	11/04/2014	Date of Injury:	04/28/2014
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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:

This 62 year old male claimant has an industrial injury dated 04/28/14. The patient is status post a mini-open rotator cuff repair, arthroscopic subacromial decompression, distal clavicle resection and extensive debridement, glenohumeral joint, right shoulder dated 07/29/14. Exam note 09/26/14 states the patient reports doing well with no significant pain following the prior right shoulder rotator cuff repair. Upon physical exam, the patient demonstrated a forward flexion and abduction of 160°. The patient demonstrated a slight weakness in the external rotation test. Exam note 10/06/14 states the patient appears to be improving after the prior physical therapy sessions. The patient demonstrates improved strength and range of motion. The patient has attended 17 out of 24 visits of physical therapy. Diagnosis is noted as a right shoulder rotator cuff sprain and strain. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy 3 times a week for 4 weeks to the right shoulder:
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 CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27, the recommended amount of postsurgical treatment visits allowable are: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks: *Postsurgical physical medicine treatment period: 6 months. In this case the additional 12 visits requested exceed the maximum amount of visits allowable. 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 that the request is not medically necessary.