

Case Number:	CM14-0184150		
Date Assigned:	11/12/2014	Date of Injury:	11/12/2010
Decision Date:	12/18/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/05/2014

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 Minnesota. 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 64 year old male who underwent a revision right shoulder arthroscopy on 6/25/2014 for a recurrent rotator cuff tear and recurrent ossification in the acromioclavicular joint. The original injury was on 11/12/2010. He completed 24 post-operative physical therapy sessions. The progress note of 9/25/2014 reports improving pain, no tenderness over the acromioclavicular joint, good range of motion, and intact sensory/ motor status. The disputed issue pertains to a request for additional 8 physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight physical therapy sessions for 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): 10, 11, 27.

Decision rationale: The Post-surgical treatment guidelines for rotator cuff repair/ acromioplasty specify 24 visits over 14 weeks. The initial course of therapy is 12 visits. With documentation of functional improvement a subsequent course of therapy may be prescribed within the above parameters. If it is determined that additional functional improvement is likely it can be further increased but not beyond 6 months. The worker has completed the initial course and also the

subsequent course of therapy. He is doing well and the documentation does not indicate additional objective functional improvement is likely to result. A transition to a home exercise program is therefore recommended. The request for the additional 8 physical therapy sessions is not medically necessary per guidelines.