

Case Number:	CM14-0186123		
Date Assigned:	11/14/2014	Date of Injury:	12/06/2002
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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:

58-year-old male claimant was reported industrial injury of December 6, 2002. The injured worker is status post right rotator cuff repair. Examination October 22, 2014 demonstrates clean wounds with decreased range of motion and intact neurologic status with continued weakness. Report states that the injured worker underwent right rotator cuff repair on June 26, 2014. The patient is undergone 20 physical therapy sessions. It is noted that as of October 19, 2014 the patient was able to do most activities with the right shoulder below 90 of forward flexion or abduction. Request is made for additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Postoperative physical therapy, QTY: 12 sessions: 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: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsThe guidelines recommend "initial course of therapy" to mean one

half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request 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 from the exam note of 10/19/14. Therefore the determination is for non-certification.