

Case Number:	CM14-0021187		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2010
Decision Date:	10/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 Neurological 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:

The injured worker is a 42 year old male who sustained an injury on July 30, 2010. A request for additional physical therapy for the right shoulder was not certified. There are notes indicating the right shoulder underwent surgical intervention and there are ongoing complaints of right shoulder pain (8/10) with a decrease in shoulder range of motion. Strength was noted to be slightly reduced. MRI noted a rotator cuff tendinosis involving the supraspinatus. Comorbidities also included the cervical spine and low back. Physical therapy with chiropractic care has been delivered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 X 6 Weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Shoulder, 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): electronically cited.

Decision rationale: When noting the date of injury, the injury sustained, the surgery completed, the amount of postoperative physical therapy and chiropractic care delivered, the range of motion data reported and taking into account the parameters outlined in the California Medical

Treatment Utilization Schedule, there is insufficient data presented to suggest the need for additional physical therapy. Transition to home exercise protocol is all that would be supported at this time. Accordingly, this request is not medically necessary.