

Case Number:	CM14-0021385		
Date Assigned:	05/07/2014	Date of Injury:	08/30/2011
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 claimant is a 54-year-old gentleman who has worked as a firefighter for [REDACTED]. The date of injury is noted as August 30, 2011 involving his lower back, shoulders, and both knees. No specific mechanism of injury was stated other than cumulative physical demands of work as a firefighter. The claimant complains of moderate constant pain in his back, knees, and shoulders. Current medications consist of Mobic, 15 mg once per day. The physical examination of this 185 pound 5'10" male on July 15, 2013, shows normal right shoulder strength normal upper extremity sensation and reflexes, and a very slight decrease range of motion with right shoulder and left shoulder. Right shoulder abduction was to 170°, flexion to 180°, abduction to 50°, internal rotation to 80°, and external rotation to 80°. No shoulder tenderness was noted. An MRI of the right shoulder noted a full thickness supraspinatus tear. The claimant had right shoulder surgery on December 18, 2013, for a rotator cuff repair and completed six visits of postoperative physical therapy. Postoperatively the claimant was noted to have significant atrophy of the right shoulder and a painful arc of motion as well as continued rotator cuff weakness. A utilization review dated April 28, 2014, recommended six additional visits of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO RIGHT SHOULDER QUANTITY 8: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Chapter 4.5. Division of Workers' Compensation Subchapter 1. Administrative Director--Administrative Rules; Article 5.5.2.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines for right shoulder surgery would indicate a need for 24 visits of postoperative physical therapy. Accordingly, the medical records provided, the claimant has attended six visits of physical therapy and still has some significant muscular atrophy and weakness. Therefore, the request for physical therapy to right shoulder, quantity 8 is medically necessary and appropriate.

