

Case Number:	CM14-0030704		
Date Assigned:	06/20/2014	Date of Injury:	06/04/2010
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 Mississippi. 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 56-year-old male who was reportedly injured on June 4, 2010. The mechanism of injury was not listed in the records reviewed. The injured employee is status post an arthroscopic rotator cuff repair performed on June 5, 2010. The most recent progress note dated August 5, 2013, indicated there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder weakness and decreased sensation to light touch distally. Diagnostic imaging studies objectified an MRI the right shoulder performed on October 19, 2012 and noted a prior rotator cuff repair and decompression, distal clavicle excision and biceps tenodesis with scar formation. A request was made for outpatient physical therapy and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy three (3) times a week for four (4) weeks, two (2) times a week for four (4) weeks then one (1) time a week for four (4) weeks for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines PT for Education.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201.

Decision rationale: The injured employee has had rotator cuff surgery on June 5, 2010 and most likely attended postoperative physical therapy. On physical examination, the injured employee had full range of motion of the right shoulder and slight muscle weakness. Considering this, the injured employee should certainly be well versed in what is required of him for right shoulder physical therapy and can continue this at home via a home exercise program. This request for additional physical therapy for the right shoulder is not medically necessary.