

Case Number:	CM14-0034030		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2012
Decision Date:	07/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Utah. 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 54-year-old male who reported an injury on 07/12/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be physical therapy and medications. The injured worker's diagnosis was noted to be right shoulder rotator cuff surgery on 12/30/2013 and right medial meniscectomy. The injured worker had a clinical evaluation on 04/09/2014. The injured worker's chief complaint was right shoulder pain and right knee pain. He has been continuing with physical therapy. The physical examination findings include right shoulder forward flexion to 110 degrees, abduction to 90 degrees, internal rotation following her back and external rotation approximately 40 degrees. The injured worker had a positive Hawkins and Neer's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 9 weeks 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): 27.

Decision rationale: The request for additional physical therapy 2 times a week for 9 weeks for the right shoulder is not medically necessary. The California MTUS Postsurgical Treatment

Guidelines for rotator cuff syndrome allow postsurgical treatment of 24 visits over 14 weeks. The postsurgical physical medicine treatment period is 6 months. According to the documentation provided with this review, a note dated 03/05/2014 states the injured worker has used 7 physical therapy visits at the time of evaluation on 04/09/2014. The request for 18 additional physical therapy visits would be in excess of the guideline recommendations. The clinical note on 04/09/2014 fails to provide efficacy of the previous physical therapy visits. The current request as submitted would exceed guideline recommendations. Therefore, the request for additional physical therapy 2 times a week for 9 weeks for the right shoulder is not medically necessary.