

Case Number:	CM14-0036857		
Date Assigned:	06/25/2014	Date of Injury:	01/16/1995
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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:

The injured worker is a 62-year-old male who reported an injury on 09/30/2009 due to a slip and fall. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included 4 rotator cuff repairs and postsurgical management. The patient ultimately developed significant arthropathy of the right shoulder. The injured worker was evaluated on 12/19/2013. It was documented that the patient had 1+ tenderness over the anterior border of the right acromion and 1+ tenderness over the anterolateral humeral head with significantly restricted range of motion that was described as painful. The injured worker's diagnoses included massive recurrent right rotator cuff tear with retraction. The injured worker's treatment plan included right total shoulder arthroplasty. A request was made for 36 visits of postsurgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the right shoulder (thirty six visits): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested post operative physical therapy for right shoulder thirty six visits is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy for this type of surgical intervention. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Therefore, 36 postoperative visits are not supported in this clinical situation. As such, the requested post operative physical therapy for right shoulder thirty six visits is not medically necessary or appropriate.