

Case Number:	CM14-0079903		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2012
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/30/2014

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 New York. 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 53 year old male presenting with a history of a work related accident that occurred on 2/5/2012. He injured his left shoulder while lifting a pallet. He was diagnosed with a partial thickness rotator cuff tear. His symptoms persisted, and he underwent surgery on 6/20/2012 for debridement and decompression. He had postoperative physical therapy, but his condition has worsened. His treating physician is requesting 10 additional physical visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy ten visits in six weeks, left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that fading of therapy with a focus on active home exercises is recommended. Furthermore, the Official Disability Guidelines state that up to 24 therapy treatments over 14 weeks are indicated post rotator cuff repair. This injured worker has already exceeded a time frame of 14 weeks as his surgery was

back in 2012. Based on the medical record, there is no indication that there was a favorable response to previous sessions of physical therapy to warrant additional therapy visits at this time. Therefore, the request for 10 additional physical therapy visits to the left shoulder over 6 weeks is not considered medically necessary.