

Case Number:	CM14-0172123		
Date Assigned:	10/23/2014	Date of Injury:	04/10/2014
Decision Date:	02/12/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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:

Claimant with reported industrial injury of 4/10/14. Exam note September 16, 2014 demonstrates complaints of pain in her right shoulder. Examination demonstrates tenderness to palpation in the right shoulder. There is moderate to severe tenderness over the rotator cuff. MRI right shoulder from June 16, 2014 demonstrates mild supraspinatus and infraspinatus tendinopathy without tear. Moderate acromioclavicular joint osteoarthritis is noted. Patient is status post right shoulder arthroscopy with arthroscopic repair of the under surface of the rotator cuff. A subacromial decompression has also been performed as well excision of the acromioclavicular joint with synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physiotherapy 2 times a week for 12 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com: Section; Shoulder (Acute & Chronic) (updated 08/27/2014)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26and 27.

Decision rationale: In this case the request of 24 visits exceeded the maximum amount of visits initially allowed. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations set forth in the guidelines. As the 24 visits exceed the initial 12 authorized, the determination is not medically necessary.