

Case Number:	CM14-0196231		
Date Assigned:	12/04/2014	Date of Injury:	12/11/2013
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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:

62-year-old male claimant with an industrial injury dated 12/11/13. The patient is status post a right shoulder arthroscopy, arthroscopic cuff repair and an open subpectoral biceps tenodesis dated 07/31/14. As of 11/04/14 the patient has completed 20 out of 24 physical therapy sessions. Exam note 11/06/14 states the patient returns with shoulder pain. Upon physical exam the patient had pain on the right with abduction and forward flexion. Sensation is noted as intact and the patient's reflexes are normal. It is noted that due to the physical therapy sessions the patient has seen significant improvement. Treatment includes additional postoperative physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 1 time per week for 6 weeks for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27, the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. In this case the request exceeded the maximum amount of visits allowed. The claimant has completed 20 out of 24 visits authorized. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.