

Case Number:	CM14-0039159		
Date Assigned:	06/27/2014	Date of Injury:	07/29/2011
Decision Date:	04/21/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on 7/29/2011. The symptoms at the time of the injury have not been provided. The injured worker was diagnosed as having status post left shoulder rotator cuff repair (11/13/2013). Treatment to date has included surgical intervention, medications and physical therapy. Per the Post-op evaluation dated 2/25/2014, the injured worker presented for detailed orthopedic reevaluation. Physical examination revealed continued stiffness and limitation of left shoulder motion with 0-125 degrees active forward flexion, forward elevation and abduction. With the shoulder abducted 90 degrees he has 45 degrees of external humeral rotation, and 0 degrees of internal rotation. The plan of care included additional physiotherapy prior to starting a complete home exercise program. Authorization was requested on 2/25/2014 for physical therapy (2x6) for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 for the Left Shoulder: Upheld

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

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: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months. 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 postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the exam note from 2/25/14 does not demonstrate how many visits have been performed since the left shoulder rotator cuff repair on 11/13/13. 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 not medically necessary.