

Case Number:	CM15-0108090		
Date Assigned:	06/12/2015	Date of Injury:	10/20/2013
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, Oregon
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 50-year-old male, who sustained an industrial injury on 10/20/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having right rotator cuff tear. Treatment to date has included diagnostics, unspecified therapies, and medications. Magnetic resonance imaging of the right shoulder (2/11/2014) showed a full thickness tear of the supraspinatus tendon and osteoarthropathy of the acromioclavicular joint. Updated study (2/13/2015) was documented as showing a full thickness tear of the rotator cuff, involving the suprapinatus and osteoarthropathy of the acromioclavicular joint. Currently, the injured worker complains of pain in his right shoulder and limitation of movement. He was authorized for right shoulder surgery, repair of rotator cuff, open decompression and Mumford procedure. The treatment plan recommendation included post-operative physical therapy x20 (2x10). His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 33.

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. 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 request exceeds the initial recommended number of visits and therefore is not medically necessary.