

Case Number:	CM15-0160491		
Date Assigned:	08/26/2015	Date of Injury:	01/28/2015
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old man sustained an industrial injury on 1-28-2015. The mechanism of injury is not detailed. Diagnoses include status post rotator cuff tear with repair. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 7-15-2015 show complaints of right shoulder pain. Recommendations include continue physical therapy and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: In the case of this request, the patient has undergone right shoulder surgery to address a rotator cuff issue. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of physical therapy. The submitted medicals indicate the patient has had at least 20 session of PT course. A postoperative physical therapy

course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there is no documentation of any extenuating circumstance such as re-injury to warrant extension of formal physical therapy post-operatively to an additional 8 visits, to total 28 visits (which exceeds guidelines). This request is not medically necessary at this time.