

Case Number:	CM15-0021677		
Date Assigned:	02/11/2015	Date of Injury:	12/13/2013
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 57-year-old male who reported injury on 12/13/2013. The mechanism of injury was not provided. The injured worker underwent a repair of a massive right rotator cuff tear. The documentation of 01/22/2015 revealed the injured worker had near full range of motion of the right shoulder. There was mild weakness in the right shoulder. The treatment plan included a home exercise program. The injured worker was to continue a home exercise program. There was no Request for Authorization submitted to support the request or rationale for continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy to the left shoulder twice a week for six weeks:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Postsurgical Treatment Guidelines recommend 24 sessions post surgically for rotator cuff syndrome and for a complete rupture of the rotator cuff 40 visits. The clinical documentation submitted for review failed to provide clarification indicating whether the injured worker had a complete rupture of the rotator cuff or had rotator cuff syndrome. There was a lack of documentation indicating the quantity of sessions previously attended. There was a lack of documentation of objective functional benefits and documentation of remaining objective functional deficits. Given the above, the request for additional postoperative physical therapy to the left shoulder twice a week for 6 weeks is not medically necessary.