

Case Number:	CM15-0047741		
Date Assigned:	03/19/2015	Date of Injury:	06/24/2013
Decision Date:	04/24/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on 06/24/2013. Diagnoses include rotator cuff rupture, status post arthroscopy of the right shoulder for a mini SAD and rotator cuff repair on 09/16/2014. Treatment to date has included medications, at least 38 physical therapy treatments, and a home exercise program. A physician progress note dated 03/02/2015 documents the injured worker has pain rated 6 out of 10 in the right shoulder, and pain is worse after physical therapy. He has constant numbness in his right hand. Physical therapy has been helpful. Treatment requested is for physical therapy 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request is considered not medically necessary. The patient had 38 post-operative physical therapy sessions with improvement. The requested 8 additional visits would

further exceed the recommended limit of 24 visits over 14 weeks with a treatment period of 6 months, according to MTUS guidelines. At this point, the patient should be transitioned to a home exercise program. Therefore, the request is considered not medically necessary.