

Case Number:	CM15-0056558		
Date Assigned:	04/01/2015	Date of Injury:	03/13/2014
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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: Minnesota, Florida
 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 61 year old, male who sustained a work related injury on 3/13/14. The diagnoses have included right rotator cuff tear, disorder of bursa left shoulder and left shoulder impingement. Treatments have included right shoulder surgery, MRIs of both shoulders, physical therapy and medications. In the PR-2 dated 2/24/15, the injured worker states he is feeling better. He states he still has some "catching" and feels weak. He has tenderness at the right shoulder joint. He has full range of motion in shoulder. The treatment plan is to get the injured worker back into physical therapy to progress strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 3 times a week for 6 weeks to the right shoulder: Upheld

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

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy as

one-half of these visits which is 12. With documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The injured worker had completed 18 visits and utilization review authorized another 6 visits. The injured worker had full range of motion in the shoulder and there was no reason given why he could not transition to a home exercise program. The request as stated for 18 additional visits exceeded the guideline recommendations and as such, the request is not medically necessary.