

Case Number:	CM14-0143983		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2013
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 67-year-old male with an industrial injury dated 05/20/13. The patient is status post a rotator cuff repair as of 03/18/14. Exam note 07/09/14 states that the patient returns with shoulder pain and weakness. Upon physical exam the patient had an external rotation of 10 degrees, forward flexion of 60 degrees, and an abduction of 45 degrees. The patient reports that the 24 completed physical therapy sessions has not helped and caused stiffness. Diagnosis is noted as a right shoulder arthroscopic rotator cuff repair with subacromial decompression, distal clavicle excision, and biceps tenotomy. Treatment includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times per week for 4 weeks: Upheld

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

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

Decision rationale: Per the California MTUS Postsurgical 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*Postsurgical physical medicine treatment period: 6 monthsPostsurgical

treatment, open: 30 visits over 18 weeks*Postsurgical physical medicine treatment period: 6 monthsIn this case the claimant has utilized the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the request is not medically necessary.