

Case Number:	CM14-0162800		
Date Assigned:	10/08/2014	Date of Injury:	08/11/2011
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Georgia. 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 58-year old gentleman who injured his right shoulder in a work-related accident on 08/11/11. The medical records provided for review documented that, following a course of conservative care, the claimant underwent right shoulder rotator cuff repair on 12/28/12. The clinical report of 09/02/14 documented that the claimant had continued complaints of right shoulder pain and weakness. It was documented that postoperative imaging from June 2014, identified a massive, retracted rotator cuff tear. The claimant was diagnosed with rotator cuff strain for which surgical intervention in the form of revision, arthroscopic rotator cuff repair was recommended. There is current request for 18 initial sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 3x wk x 4 wks, right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Post-Surgical Rehabilitative Guidelines, the request for 12 sessions of postoperative physical therapy for the right shoulder is recommended as medically

necessary. The request is for initial physical therapy following rotator cuff repair. While there is no documentation that the operative process has occurred, should surgery take place the initial 12 sessions of post-operative physical therapy following a rotator cuff repair procedure would be supported as medically necessary.