

Case Number:	CM14-0186079		
Date Assigned:	11/14/2014	Date of Injury:	09/30/2011
Decision Date:	12/30/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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:

65-year-old female injured worker was reported industrial injury of September 30, 2011. Records note that the claimant develops symptoms of bilateral upper extremity pain due to repetitive activities at the workplace. Claimant is status post right shoulder surgery on January 13, 2014 with subacromial decompression and Mumford as well as rotator cuff repair. 24 sessions of supervised physical therapy is noted in the medical records. Exam note from July 31, 2014 indicates that the patient has symptoms of pain in the right shoulder. The patient is noted to 40 flex the right shoulder 110. Exam note August 29, 2014 demonstrates increase in forward flexion 145.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy: 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 CA MTUS Post-Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine

treatment period: 6 monthsThe guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request exceeds 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 based upon the exam note of 7/31/14 and 8/29/14. Therefore the determination is for non-certification.