

Case Number:	CM15-0011606		
Date Assigned:	01/28/2015	Date of Injury:	04/05/2012
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California

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 52 year old male with an industrial injury dated April 5, 2012. The injured worker diagnoses include shoulder pain, rupture complete rotator cuff, and lumbar sprain and strain. He has been treated with radiographic imaging, diagnostic studies, surgical rotator cuff repair procedure, physical therapy and periodic follow up visits. According to the progress note dated 12/10/2014, the treating physician noted that the injured worker was status post left shoulder rotator cuff repair with no significant complaints. The injured worker reported decreasing pain and increasing function. Physical exam revealed that wounds were clean and dry without erythema or drainage. There was decrease range of motion. Neurovascular was intact and documentation noted continued weakness. The treating physician prescribed services for continued post-operative physical therapy two times a week for six weeks for the left shoulder. The claimant had completed approximately 20 sessions of therapy thus far. Utilization Review determination on December 16, 2014 denied the request for continued post-operative physical therapy two times a week for six weeks for the left shoulder, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post-Operative Physical Therapy 2 Times a Week for 6 Weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder pain and physical therapy

Decision rationale: According to the ODG guidelines, 30 visits over 18 weeks are recommended for post-operative rotator cuff surgery. According to the MTUS guidelines, therapy is to be performed in a fading frequency. In this case, the claimant had undergone 20 sessions of therapy. There was no indication that the claimant could not continue additional exercises in a home program. The request for an additional 12 exceed the guideline recommendations and is not medically necessary.