

Case Number:	CM15-0016665		
Date Assigned:	02/11/2015	Date of Injury:	12/13/2013
Decision Date:	06/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/29/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 12/13/2013. The mechanism of injury was unspecified. His diagnoses include status post rotator cuff repair. His past treatments include surgery, postoperative physical therapy, and medications. On 01/22/2015, the injured worker reported that pain, mobility and strength continued to slowly improve with therapy. The physical examination of the upper extremities revealed mild stiffness in the bilateral shoulders with some pain on range of motion on the left. There was also indicated slight weakness in the left shoulder. The treatment plan included physical therapy twice a week for the next 6 weeks to work on stretching, modalities and rotator cuff strengthening. A Request for Authorization form was submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Continued Physical Therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary. According to the California MTUS Postsurgical Guidelines, patients who undergo a rotator cuff repair are allotted 24 physical therapy visits over 14 weeks for the maximum duration of 6 months. The injured worker was indicated to have completed 30 physical therapy visits per case notes. However, there was lack of documentation in regard to exceptional factors to warrant additional sessions. There was also lack of documentation to indicate the injured worker was performing home exercises. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.