

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0097359 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 04/25/2013 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male with an industrial injury dated 09/29/1993-04/25/2013 (cumulative trauma). The mechanism of injury is documented as a fall resulting in pain in his back, neck, right shoulder and hand. Diagnoses included right shoulder severe residuals after arthroscopic/open procedure and large retracted rotator cuff tear, likely persistence of tear. Prior treatments are not documented. He presents on 04/03/2014 with complaints of right shoulder pain. Range of motion of upper extremities was decreased. The only record submitted is a functional capacity evaluation dated 04/03/2014. The recommendations were: Not able to perform usual occupation; Work capacity is within the sedentary light PDL; Limit exposure to material handling; Specify if employer can provide modified work; Start rehab program; Continue home exercise program; Patient should be allowed to continue treatment with the goal of gaining significant improvement in reduced pain, increased range of motion and increased strength before returning to work. The current request is for continue post- operative physical therapy, 2 x 6 weeks (12 sessions), Right Shoulder.

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 X 6 Weeks (12 Sessions), Right Shoulder:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the CA MTUS Post Surgical 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 week's. Postsurgical physical medicine treatment period: 6 months. In this case, 18 visits of post operative therapy are completed. This would total 30 visits. There is no evidence of extenuating circumstances in the clinic note from 4/22/15 to exceed guideline recommendations. The request is therefore not medically necessary.