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| Case Number: | CM14-0152937 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 Occupational Medicine 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 18, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications and earlier rotator cuff repair surgery and biceps tenodesis surgery on August 7, 2014. In a Utilization Review Report dated September 12, 2014, the claims administrator partially approved a request for 12 sessions of postoperative physical therapy as 12 sessions of the same. The injured worker's attorney subsequently appealed. In a September 8, 2014 progress note, the injured worker reported persistent complaints of shoulder pain, reportedly well healed. It was suggested that the injured worker continue sling and begin physical therapy shortly. Work restrictions were endorsed, although it did not appear that the injured worker was working with said limitations in place. The injured worker seemingly underwent a physical therapy evaluation on September 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: physical therapy 2 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS Postsurgical Treatment Guidelines in section 9792.24.3, a general course of 24 sessions of treatment is recommended following rotator cuff repair surgery, as reportedly transpired here, on August 7, 2014. MTUS 9792.24.3.a.2, however, stipulates that an initial course of therapy meets one-half of the number of visits specified in the general course of therapy. The request for an initial course of 24 sessions of physical therapy following the earlier shoulder surgery exceeds the MTUS parameters. Therefore, the request is not medically necessary.