

Case Number:	CM13-0001915		
Date Assigned:	12/04/2013	Date of Injury:	12/15/2011
Decision Date:	01/13/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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 patient is a 33-year-old male who reported an injury on 12/15/2011. The mechanism of injury was lifting an overhead cabinet to put in the dumpster and the patient head a pop. The patient was noted to have had a right shoulder arthroscopic surgery with subacromial decompression on 02/25/2013. The patient was noted to have postoperative physical therapy following that surgery on 03/08/2013 and 03/25/2013; however, it is not clear in the clinical documentation how many total physical therapy visits the patient completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12,27.

Decision rationale: The patient was noted to have right arthroscopic shoulder surgery with subacromial decompression on 02/25/2013. According to California MTUS Postsurgical Guidelines, the postsurgical physical therapy recommendation following rotator cuff or impingement syndrome surgery is 24 visits over 14 weeks; however, it specified that the postsurgical physical medicine treatment period for that procedure is 6 months. The patient has

had an unknown number of postoperative physical therapy visits to date; however, it is clear that the postsurgical physical medicine treatment period has been exceeded at this point. Therefore, additional postoperative physical therapy visits are not supported by Guidelines and are therefore non-certified.