

Case Number:	CM13-0003549		
Date Assigned:	12/04/2013	Date of Injury:	11/25/2008
Decision Date:	01/24/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/25/2013

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 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 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 fifty eight year old female who was injured in a work related accident on 11/25/08. Clinical records for review include a 07/01/13 progress report with a [REDACTED] Physician assistant, where the claimant was noted to be a status post right shoulder arthroscopy with rotator cuff repair, posterior capsular release, labral debridement, subacromial decompression, and excision of the coracoacromial ligament noted to have occurred on 02/07/13. She was noted to be with improved range of motion to 130 degrees of active abduction, 170 degrees of active forward flexion with 4/5 subscapularis or supraspinatus strength. It stated the claimant was doing well following the above procedure. Recommendations were for continued use of Vicodin as well as continuation of physical therapy and work restrictions. There is a current request for six additional sessions of formal physical therapy for the claimant's postoperative course of care dating back to the February 2013 surgery. While physical therapy is documented, there is no clear understanding as to how many formal sessions of physical therapy have been utilized to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy quantity six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Utilization Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines, continued use of formal physical therapy would not be indicated. Following rotator cuff repair and acromioplasty, California Guidelines would recommend up to 24 sessions over a 14 week period of time with the postsurgical physical medicine treatment being that of six months. The claimant is now greater than six months following time of surgery with documentation of significant improvement from surgical process at the five month mark from surgery demonstrating essentially full range of motion and greatly improving strength. It would be unclear as to why transition to an aggressive home exercise program would not have been able to occur at that time. The request for six additional sessions of therapy would not be indicated.