

Case Number:	CM13-0016764		
Date Assigned:	12/11/2013	Date of Injury:	08/20/2011
Decision Date:	01/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46 YO, female with a date of injury of 08/20/2011. Patient is status post right shoulder rotator cuff repair (01/27/2012) and debridement of adhesions, subacromial decompression and biceps tenotomy (01/28/2013). Utilization review letter dated 08/20/2011 denied request for additional 12 post op physical therapy. Medical records show patient started post op physical therapy 02/13/2013 and received 27 sessions through 07/24/2013. On 07/31/2013, [REDACTED] recommended patient continue physical therapy as it was helping with patient's post operative stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op PT 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Patient is status post debridement of adhesions, subacromial decompression and biceps tenotomy (01/28/2013). Utilization review letter dated 08/20/2011 denied request for additional 12 post op physical therapy. Medical records show patient started post op physical therapy 02/13/2013 and received 27 sessions through 07/24/2013. On 07/31/2013, [REDACTED] recommended patient continue physical therapy as it was helping with patient's post operative stiffness. MTUS post surgical guidelines recommends 24 visits over 14

weeks after this type of shoulder surgery. There are no extenuating circumstances such as a flare up, new injury or a new diagnosis to consider more therapy than what is recommended. Recommendation is for denial.