

Case Number:	CM13-0017310		
Date Assigned:	09/26/2013	Date of Injury:	03/20/2013
Decision Date:	04/01/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/19/2013

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 Family Practice 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.

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 60-year-old injured worker who reported an injury on 03/20/2013 after lifting a 100-pound object that reportedly caused injury to the patient's left arm. The patient underwent an x-ray of the left arm that identified degenerative arthritic changes. The patient was treated conservatively with medications and physical therapy. The patient underwent an MRI in 05/2012 that documented partial-thickness rotator cuff tear and evidence of impingement. The patient's most recent clinical examination documented that the patient had progressive pain and a decrease in function. This conservative management failed to resolve the patient's symptoms and surgical intervention was recommended. A request was made for postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 8 weeks schedule through med risk: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines does recommend 24 visits of postoperative physical therapy for the requested surgery. However, California Medical Treatment Utilization Schedule also recommends an initial course of therapy to include half the number of visits that are recommended by treatment guidelines. Therefore, an initial course of

therapy for postoperative physical therapy for impingement syndrome would be 12 visits. The requested 24 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, there is no documentation that the patient has undergone surgical intervention that would require postoperative physical therapy. The request for physical therapy 3 times a week for 8 weeks schedule through med risk is not medically necessary and appropriate.