

Case Number:	CM13-0017769		
Date Assigned:	10/11/2013	Date of Injury:	01/21/2011
Decision Date:	01/03/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/28/2013

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, 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:

The patient is a 55 year old male employed by [REDACTED] as a general maintenance worker who on 1/21/11 fell off the golf cart and landed on his right shoulder and elbow resulting in a complete full thickness tear of the rotator cuff tendons. The patient underwent right shoulder rotator cuff repair arthroscopically on 1/25/13. Post operatively, the patient had 25 sessions of physical therapy and had progressed slowly with range of motion. Patient continued to have decreased range of motion, decreased strength, and persistent pain. An exam on 7/5/13 showed an inability to lift more than 10lbs, abduction of 110 deg, flexion 145 deg, ER of 85 deg, IR of 45 deg. The treating physician, [REDACTED], is requesting additional PT of 1 time a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Physical Therapy 1 time a week for 4 weeks on the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the medical records provided for review, it has been 11 months since the employee's surgery. The Postsurgical Treatment Guidelines' recommended post surgical physical therapy treatment period is 6 months and/or 24 visits of PT over 14 weeks. In

this case, the employee does not meet either criterion. The request for additional post operative physical therapy 1 time a week for 4 weeks on the right shoulder is not medically necessary and appropriate.