

Case Number:	CM13-0022544		
Date Assigned:	11/13/2013	Date of Injury:	11/07/2012
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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. 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 underlying date of injury in this case is 11/07/2012. This patient has a history of arthroscopic shoulder surgery on 03/04/2013. As of 08/27/2013, he had received 48 postoperative physical therapy visits. An initial physician review notes that the treatment guidelines recommend up to 24 visits status post arthroscopic surgery for rotator cuff syndrome/impingement syndrome and that the guidelines did not support a rationale for an exception for this treatment. Therefore, this request was noncertified. On 08/12/2013, the treating physician saw the patient in follow-up and noted the patient felt he was doing better. He had flexion of 160 and abduction of 160, as well as adduction and external rotation of 60 degrees and abducted external rotation of 80 degrees. Rotator cuff strength was 5-/5. The treating physician recommends continued physical therapy and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule postsurgical treatment guidelines recommends "Rotator cuff syndrome/impingement syndrome, arthroscopic

repair: 24 visits over 4 weeks." This patient has significantly exceeded this recommendation, and the patient has been noted to have a good outcome from the perspective of range of motion and improvement in new muscle testing strength. The treatment guidelines would anticipate that this patient would continue with active independent rehabilitation. The records did not provide a rationale as to why this patient requires additional supervised therapy. This request is not medically necessary.