

Case Number:	CM13-0023636		
Date Assigned:	11/15/2013	Date of Injury:	07/28/2009
Decision Date:	01/07/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Texas and Oklahoma. 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 who sustained an occupational injury on 07/28/2009 due to a motor vehicle accident. The patient subsequently underwent a right shoulder rotator cuff repair with release of biceps tendon and subacromial decompression on 06/17/2013. Additional therapies for the patient include oral medications and some postoperative physical therapy. On 09/19/2013 the patient was seen and reported that his physical therapy had been halted but that he was doing considerable work at home and states that he made considerable progress in terms of range of motion with some residual weakness and loss of ROM noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS indicates that is postsurgical physical medicine in medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end up the postsurgical physical medicine. According to the documentation presented for review, the

patient did undergo arthroscopic surgery of the right shoulder on 06/17/2013. In the followup dated 09/19/2013, the patient indicates that he had been doing considerable work at home in terms of physical therapy, and states that he feels he has made considerable progress in terms of his range of motion, but still has some complaints of discomfort with his major issue being lack of strength in the right upper extremity. Objective documentation on 09/19/2013 revealed that all portal sites were well-healed with his range of motion of the right shoulder on forward flexion to 170 degrees, external rotation to 60 degrees, and internal rotation to L1 with cross body adduction with some apprehension. He has a negative drop arm test. While the documentation does indicate that the patient has some functional deficits that may benefit from additional sessions of physical therapy, the extent of the patient's therapy thus far in terms of number of sessions and outcome from those sessions is unknown. Due to this lack of information, it is impossible to make an informed decision regarding the treatment needs of this patient along with their frequency and duration at this time. Due to this lack of evidence that previous therapies have produced positive patient results requests for additional therapy sessions cannot be supported. As such, this request is non-certified.