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| Case Number: | CM13-0026113 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 05/21/2012 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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. 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 patient is a 57 YO, male with a date of injury of 05/21/2012. Patient is status post right shoulder rotator cuff repair from 02/13/2013. On 4/2/13, ██████████ requested 12 post operative physical sessions. Therapy reports would confirm that the patient did receive these 12 sessions starting 4/25/13. Then on 6/11/13, ██████████ reported that the patient was doing well and to maximize the patient's ROM and strength additional 12 therapy sessions were requested. Utilization review from 08/20/13 denied these 12 sessions of requested additional therapy. The UR reviewer based the denial on his understanding that the patient already received 24 sessions of therapy. My review shows that there were only 12 sessions of therapy provided before the treater asked for 12 more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Recommendation is for authorization of the requested 12 additional sessions of Physical Therapy. The Patient is status post right shoulder rotator cuff repair dated

02/13/2013. Review of the records show that the patient only had 12 sessions of therapy starting from 4/25/13. The utilization reviewer denied the requested 12 additional sessions with the understanding that the patient already received 24 sessions of therapy. However, based on review of the reports provided, I was able to count only 12 sessions of therapy treatments following shoulder surgery. Unless the patient received 12 therapy visits immediately following shoulder surgery, the records provided only show total of 12 sessions. Based on this information, 12 more sessions, for a total of 24 sessions, would be consistent with post-op therapy guidelines for rotator cuff tear repair.