

Case Number:	CM13-0027022		
Date Assigned:	12/18/2013	Date of Injury:	03/28/2006
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice 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 expert 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 58-year-old male who reported an injury on 03/28/2006. The mechanism of injury was not provided in the medical records. The 01/07/2014 clinic note reported complaints of bilateral shoulder pain, difficulty sleeping, and gastrointestinal upset. The note stated the patient underwent right shoulder surgery in 11/2013 and has been attending postoperative physical therapy. The 12/27/2013 note reported the patient was 7 weeks out from his shoulder repair and was doing wonderfully. The patient stated he felt his pain had resolved but his range of motion and strength was still improving. On examination, he had forward elevation of 90 degrees and passively to 100 degrees with 20 degree external rotation. He was recommended additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS:

Upheld

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

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

Decision rationale: California MTUS recommends 24 visits of postsurgical physical therapy treatment for rotator cuff syndrome/impingement syndrome. The documentation submitted indicates the patient has completed multiple sessions of physical therapy; however, it does not indicate how many sessions have been completed. Therefore, appropriateness cannot be determined at this time. Additionally, the request did not specify a body part for postoperative physical therapy. Given the above, the request is non-certified.