

Case Number:	CM13-0027479		
Date Assigned:	11/22/2013	Date of Injury:	06/03/2011
Decision Date:	04/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported and injury on 06/03/2011 from repetitive motion. The patient had a left rotator cuff and liberal surgical repair noted on 11/18/2012. The current diagnosis is left shoulder pain. It is noted in the most recent clinical note the patients left shoulder abduction is 110, flexion 140, internal rotation is 80, external rotation is 40, extension at 25, and adduction at 50. The patient had received at least 12 visits of physical therapy until 08/26/2013. The current request is for Physical therapy six (6) additional sessions two (2) times per week over three (3) weeks for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR PHYSICAL THERAPY (PT) FOR 6 ADDITIONAL SESSIONS 2 TIMES PER WEEK OVER 3 WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MATUS) 2009, Post-Surgical Rehabilitation (8 CCR Â§ 9792.24.3, Shoulder. The recommended sessions for Rotator cuff syndrome/Impingement syndrome are 24 visits over 14 weeks for up to 6 months.

The patient was noted to still have deficits with range of motion, flexion and extension with continued pain in prior visits. However, there are no recent clinic notes to indicate the patient's current level functions and deficits to warrant an additional 6 visits of physical therapy and it is past the 6 months noted in the guidelines. Therefore, the above request is non-certified.