

Case Number:	CM13-0029687		
Date Assigned:	11/27/2013	Date of Injury:	09/18/2009
Decision Date:	01/15/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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-year-old male who reported an injury on 09/18/2009. The patient underwent left shoulder debridement and impingement decompression surgery in 03/2013. The patient had completed approximately 20 sessions of postoperative physical therapy. Recent notes indicate that the patient has 145 degrees of left shoulder flexion and 120 degrees of abduction. The current treatment plan is for continued postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12: 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 Guidelines recommend up to 24 sessions of postoperative physical therapy status post rotator cuff and/or impingement syndrome surgery. The request for 12 additional sessions of physical therapy would exceed evidence based guidelines for total duration of care. There is no indication that the patient cannot carry out a self-directed, independent home exercise program at this time. The patient has completed at least 24 sessions

of postoperative physical therapy to date and the request for 12 additional sessions is not supported at this time. Given the above, the request is non-certified.