

Case Number:	CM13-0041060		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2010
Decision Date:	07/03/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery, and is licensed to practice in New York. 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:

Patient is a 55-year-old with a date of injury November 30, 2010. The patient had shoulder labral debridement, rotator cuff debridement and subacromial decompression. Examination shows shoulder range of motion 260. Diagnosis of rotator cuff syndrome and cervical sprain. There is documentation noted that the patient has had 26 physical therapy visits to date. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES FOUR BILATERAL UPPER EXTREMITIES/DENIED BY PHYSICIAN ADVISOR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The patient does not meet established criteria for additional physical therapy visits for rotator cuff condition and shoulder impingement syndrome. The Post-Surgical Treatment Guidelines indicate that postsurgical treatment of physical therapy should consist of 24 visits over fourteen weeks. This patient has already had a total of 26 visits. The patient is

status post shoulder surgery including labral debridement, rotator cuff debridement and subacromial decompression. The medical records document that the patient has had 26 postoperative physical therapy visits. There is no documentation of significant indications or a good reason for physical therapy extension. There is no documentation the reason why and independent home exercise program cannot be performed at this point in time. Guidelines for the use of additional physical therapy beyond the recommended post-operative therapy for shoulder surgery are not met. The request for physical therapy for the bilateral upper extremities, twice weekly for four weeks, is not medically necessary or appropriate.