

Case Number:	CM13-0041315		
Date Assigned:	12/20/2013	Date of Injury:	06/13/2011
Decision Date:	02/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/14/2013

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 Orthopedic Surgery, 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 claimant is a 62-year-old female injured 06/13/11 sustaining an injury to the right shoulder. Recent clinical records for review indicate that following a course of conservative care, the claimant underwent a 07/08/13 right shoulder arthroscopy, rotator cuff repair, labral repair and biceps tenodesis. There was noted to have been twenty three sessions of postoperative physical therapy performed as of 10/07/13 with last physical therapy assessment showing 165 degrees of flexion, 155 of abduction and 3+/5 improving strength. Twelve additional sessions of physical therapy were recommended for further postoperative care. A utilization review process modified the request of two additional sessions. There is now a recommendation for twelve additional sessions of therapy with no further clinical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six for the right shoulder not medically approved by the physician advisor, however physical therapy two additional sessions medically approved by physician advisor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines would recommend the role of twenty four sessions in the postoperative setting following rotator cuff repair. Records in this case indicate that the claimant has now been authorized for twenty five sessions of therapy with essentially full range of motion noted at last clinical assessment. It would be unclear at present why transition to an aggressive home exercise program would not occur, particularly given the claimant has now exceeded guideline criteria for the role of formal therapy in the postoperative setting.