

Case Number:	CM13-0045156		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2011
Decision Date:	02/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/31/2013

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 Hand Surgery, and is licensed to practice in Texas. 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 56 year old female with complaints of right shoulder pain resulting from an injury sustained on 5/17/11. The patient had a right shoulder arthroscopic rotator cuff repair, subacromial decompression, distal clavicle resection and extensive debridement to the glenohumeral joint on 6/19/13. The patient participated in at least seven sessions of physical therapy with some noted improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy twice a week for three weeks for the right shoulder:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS guidelines recommend up to 24 visits of physical therapy over 14 weeks for post-surgical rotator cuff syndrome/impingement syndrome. However, the documentation submitted for review was unclear as to how many physical therapy sessions were previously approved and attended by the patient. The documentation noted the patient had additional physical therapy sessions following the evaluation dated 7/16/13. Furthermore, the

documentation submitted for review did not address objective improvements with treatment for the patient. Additional sessions are in large part recommended when objective improvements in the patient's condition are noted and functional deficits remain. Given the information submitted for review the request for physical therapy twice a week for three weeks for the right shoulder is non-certified.