

Case Number:	CM13-0047574		
Date Assigned:	01/15/2014	Date of Injury:	02/17/2013
Decision Date:	04/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation and is licensed to practice in Arizona. 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 is a 69-year-old female who suffered from a work-related injury on 2/17/13. The patient was demonstrating mattresses at a store where she worked as a demonstrator and suffered a right shoulder injury while trying to lift a mattress. She received significant treatment for persisting right shoulder dysfunction and pain. The treatment consisted of physical therapy, corticosteroid injection and ultimately she underwent arthroscopic rotator cuff repair surgery on 6/28/13. Postoperatively she was treated with additional 21 sessions of physical therapy, medication and work restriction. Her physical therapist noted improvement in range of motion on 10/9/13 and a 10-pound lifting limitation was issued. A request for additional physical therapy (x6) was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY VISTS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines indicate that postoperative physical therapy is recommended up to twenty-four (24) visits. The medical records provided for review indicated that the patient has already been treated twenty-one (21) times. An additional three (3) visits appear to be reasonable, but not six (6) visits as requested. The request is non-certified.