

Case Number:	CM13-0049293		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2011
Decision Date:	02/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine 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 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 50 year old male who complained of chronic right shoulder pain on 08/25/2011. On 07/17/2013 he had arthroscopic labral repair, rotator cuff surgery. He had subacromial decompression and a resection of a partial rotator cuff tear. Post operatively he had 21 physical therapy visits. He has remained off work. On 10/24/2013 he had 170 degrees of abduction and flexion. He requested to remain off work for an additional 30 days. The request is for 12 additional physical therapy visits for the right shoulder and three were approved. The reason given for approval of three additional physical therapy visits was that the patient had improved in range of motion and the three visits were to transition to a home exercise program. The request for the 12 physical therapy visits was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) weeks to 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: By three months after the surgery, the patient should have already received a sufficient number of post operative physical therapy visits to have instruction in a home exercise

program. He did not have a complete rupture of the rotator cuff as this was a partial tear. Three additional visits of physical therapy were approved was because the MTUS post operative guidelines for partial rotator cuff tear with decompression is 24 visits over 6 months. That is the maximum physical therapy visits allowed under the MTUS guidelines. He already had 21 visits and the additional 3 would reach the maximum allowed physical therapy visits under the guideline. The request for 12 additional physical therapy visits in 10/2013 is not consistent with the maximum allowed physical therapy visits under the guidelines and is denied.