

Case Number:	CM13-0051493		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2012
Decision Date:	03/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 was a 54-year-old female who sustained an injury on 07/25/2012 of an unspecified nature. The documentation submitted for review indicated the patient underwent a right shoulder arthroscopy with subacromial decompression and rotator cuff repair. The patient also underwent a left shoulder arthroscopy with debridement of small partial tear of the long head of the biceps tendon, debridement of the supraspinatus tendon, subacromial decompression, and rotator cuff repair. Following the bilateral shoulder surgeries, the patient was noted to have participated in 26 sessions of physical therapy. The evaluation dated 11/07/2013 indicated the patient had decreased range of motion in bilateral shoulders. There were no objective findings of functional improvement from the previous 26 sessions of physical therapy. `

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The request for physical therapy 2 x 4 is noncertified. The California MTUS Guidelines recommend active therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The documentation submitted for review did indicate the patient had decreased range of motion, strength, endurance, and pain. However, the patient previously participated in 26 sessions of physical therapy per documentation. The documentation submitted for review did not note any objective findings of functional improvement with the previous sessions of physical therapy. Additional physical therapy is based on evidence of functional improvement resulting from previous physical therapy sessions. As there were no documented objective findings of functional improvement in the patient from previous physical therapy sessions, the request for additional physical therapy sessions is not supported. Given the information submitted for review, the request for physical therapy 2 x 4 is noncertified.