

Case Number:	CM13-0054815		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2013
Decision Date:	04/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/20/2013

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 has a subspecialty in Interventional Spine 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 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:

This is a 54 year-old male mechanic who injured his right shoulder on 5/9/13 from lifting an object and feeling a pop in the anterior right shoulder. On 8/2/13, he underwent right shoulder arthroscopic superior labrum repair, debridement of partial thickness subscapularis tear, and subacromial decompression. On 10/8/13 right shoulder flexion is at 120 active, and 140-150 passively. The physician recommended 8 more PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 8 visits for right shoulder: Overturned

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 patient presents about 2-months post right shoulder arthroscopic superior labrum repair, debridement of partial thickness subscapularis tear and subacromial decompression. The request on 10/8/13 was for 8 PT sessions. The patient had had 5 sessions of postsurgical PT by 9/19/13 with improved motion. The 10/8/13 report shows that additional improvement in ROM is possible. MTUS Post Surgical Treatment Guidelines for rotator cuff

repair/impingement states the general course of care is 24 sessions, and the initial course is 12 sessions. MTUS also states that ". If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The request for 8 sessions of PT is still within the general course of care, and is in accordance with the MTUS postsurgical treatment guidelines.