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| Case Number: | CM13-0058015 | | |
| Date Assigned: | 06/09/2014 | Date of Injury: | 07/21/2012 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 Rehabilitation & Pain Management 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:

The patient is a 69-year-old female with injury date of 04/24/07. Based on the 11/20/13 progress report, the patient presents for postoperative evaluation following arthroscopic surgery to the right shoulder. Physical examination of right upper extremity revealed mild decreased sensation to all digits of right hand, and limited range of motion of the right shoulder. Per 11/20/13, treating physician plans to continue physical therapy because of "the importance of obtaining and maintaining full active and passive range of motion." Patient is temporarily disabled per 10/30/13 report. According to the 11/13/13 physical therapy report, patient received a total of 8 sessions since 10/25/13. Surgery: Arthroscopic rotator cuff repair right shoulder on 04/30/13 per 09/07/13 progress report. Arthroscopic excision of adhesions right shoulder with manipulation 10/23/13 per 11/13/13 and 11/20/13 progress reports, Diagnosis 10/22/13, Rotator cuff tear. The request is for Retro 8 visits of Physical Therapy. The utilization review determination being challenged is dated 10/02/14. No rationale is available. Treatment reports are provided from 05/16/13 - 11/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 8 visits of Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Post-surgical Page(s): 26-27.

Decision rationale: The patient presents with right shoulder pain. The request is for Retro 8 visits of Physical Therapy. Patient is status post arthroscopic excision of adhesions of right shoulder. Diagnosis dated 10/22/13 was rotator cuff tear. The patient received a total of 8 post operative sessions of physical therapy, and treating physician is requesting 8 more. MTUS guidelines page 26-27, Rotator cuff syndrome/Impingement syndrome states: "Postsurgical treatment, arthroscopic: 24 visits over 14 weeks" and "Postsurgical physical medicine treatment period: 6 months." Per progress report dated 11/20/13, treating physician plans to continue physical therapy because of "the importance of obtaining and maintaining full active and passive range of motion." In this case, patient received 8 physical therapy sessions since her surgery on 10/23/13. The patient is still within postoperative time period. The current request for additional 8 physical therapy sessions is within MTUS recommendation of 24 visits for the patient's condition. Therefore the request is medically necessary.