

Case Number:	CM13-0059747		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2012
Decision Date:	04/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 12/04/2012. The mechanism of injury was not provided for review. The patient's diagnoses included adhesive capsulitis status post right shoulder surgery on 07/12/2013, right elbow fracture that is post internal fixation of flexion contracture, ulnar neuropathy of the right elbow, and left knee internal derangement status post left knee meniscectomy on 07/12/2013. The clinical documentation submitted for review does indicate that the patient had undergone a total of nineteen (19) postsurgical physical therapy visits as of 10/28/2013. The patient's most recent clinical documentation dated 12/03/2013, documented that the patient continued to participate in physical therapy with persistent right shoulder pain complaints and significantly limited range of motion. The patient's treatment plan at that time was to continue physical therapy as authorized and continue medications for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional therapy visits three (3) times a week for two (2) weeks to the right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend up to twenty-four (24) visits in the postsurgical management of a rotator cuff repair. The clinical documentation submitted for review provides evidence that the patient had participated in at least nineteen (19) visits of physical therapy as of 10/2013. However, the patient's most recent clinical documentation does indicate that the patient has received additional physical therapy. However, the total number of visits that the patient has undergone was not specifically identified in the submitted documentation. Therefore, the appropriateness of additional physical therapy cannot be determined. As such, the requested six (6) additional physical therapy visits three (3) times a week for two (2) weeks to the right shoulder and right elbow is not medically necessary or appropriate.