

Case Number:	CM13-0062557		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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, 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 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 injured worker is a 55-year-old male who reported an injury on 07/11/2012, secondary to a fall. Current diagnoses include lumbago, cervicgia, and status post left shoulder surgery on 07/23/2013. The injured worker was evaluated on 11/18/2013. The injured worker reported a decrease in pain. Physical examination revealed 140 degree extension. Treatment recommendations included additional physical therapy twice per week for 6 weeks. It is noted that the injured worker completed 36 sessions of postoperative physical therapy on 10/25/2013. The injured worker reported persistent shoulder pain with stiffness and activity limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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 Page(s): 10,26-27.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery

in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following rotator cuff repair includes 24 visits over 14 weeks. The injured worker has completed 36 sessions of postoperative physical therapy to date. There is no documentation of a significant functional improvement that would warrant the need for ongoing treatment. The current request for an additional 12 sessions of physical therapy would further exceed guideline recommendations. Therefore, the request is non-certified.