

Case Number:	CM13-0063432		
Date Assigned:	12/30/2013	Date of Injury:	03/08/2013
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice 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 46-year-old male who reported an injury on 03/08/2013. The mechanism of injury was not specifically stated. The patient is diagnosed as status post left rotator cuff repair on 09/10/2013. The patient was seen by [REDACTED] on 10/09/2013. The patient demonstrated stiffness with limited range of motion. Treatment recommendations included physical therapy 3 times per week for 4 weeks. A request for authorization was then submitted by [REDACTED] on 10/14/2013 for an additional 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 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 sessions over 14 weeks. As per the documentation

submitted, the patient has completed a course of postoperative physical therapy. Despite ongoing treatment, the patient continued to report persistent pain. There was no documentation of significant functional improvement. Without evidence of objective improvement, ongoing treatment cannot be supported. The request for 12 additional post-operative physical therapy sessions are not medically necessary and appropriate.