

Case Number:	CM13-0064405		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2009
Decision Date:	04/17/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine and Pulmonary Diseases 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 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 60-year-old female who reported an injury on 09/23/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left shoulder rotator cuff repair, status post debridement of the left shoulder labral tear, and left shoulder pain. The patient was seen by [REDACTED] on 07/26/2013. The patient reported ongoing pain as well as weakness and diminished function in the left shoulder. The patient had completed an initial twelve (12) sessions of postoperative physical therapy. Physical examination revealed limited range of motion, 3/5 strength, and intact sensation. Treatment recommendations included continuation of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines indicate that 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. The patient

is status post left shoulder arthroscopy, glenohumeral synovectomy, debridement of the superior labrum, subacromial decompression, and rotator cuff repair on 05/13/2013. Postsurgical treatment following impingement syndrome or rotator cuff syndrome includes twenty-four (24) visits over fourteen (14) weeks. The patient has completed twelve (12) sessions of physical therapy. Despite ongoing treatment, the patient continues to report weakness, pain, and diminished function. The patient continues to demonstrate decreased range of motion with decreased strength. Documentation of objective functional improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for twelve (12) physical therapy sessions is non-certified.