

Case Number:	CM13-0064661		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2002
Decision Date:	04/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 Certificate 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 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:

This is a 57 year-old male who was injured on 8/1/02. He has been diagnosed with right shoulder rotator cuff tear, s/p cervical fusion, and history of right shoulder labral repair. According to the 10/14/13 report from [REDACTED], the patient presents with 6/10 shoulder pain, right worse than left. He underwent right shoulder surgery on 6/13/13. [REDACTED] notes he had finished a course of 12 PT sessions and has better movement. Right shoulder abduction was 140, left shoulder at 110.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy cervical, right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: On 10/14/13, the patient presents with right shoulder pain, s/p right rotator cuff repair and acromioplasty on 6/13/13. The patient had just completed 12 PT sessions and notes improvement in motion. His ROM was 140 deg abduction for the right and 110 degs for the left. The surgeon requested an additional 12 sessions of PT. MTUS/Postsurgical guidelines

for a rotator cuff repair states the initial course of care is 12 sessions and the general course of care is 24 visits. The patient was reported to have improved motion with the initial course of care. The request to continue to the general course of care is in accordance with the postsurgical guidelines.