

Case Number:	CM13-0070354		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2011
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty 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 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:

This is a 51 year-old male who was injured on 8/25/2011. He has been diagnosed with a torn labrum in the right shoulder. According to the 11/26/13 orthopedic report from [REDACTED], the patient presents with pain along the biceps tendon, improving with Physical Therapy (PT). There was full Range of Motion (ROM). The plan was to continue PT. On 12/2/13, Utilization Review (UR) recommended non-certification for PT 2x4. The UR letter states the patient is 4.5 months post-op for a labral repair and has already had 24 PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT SHOULDER, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: 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 Page(s): 10-12, and 27.

Decision rationale: The patient presents with improving right shoulder pain. The records show he had arthroscopic repair of superior anterior and posterior labrum, subacromial decompression

and resection of a partial rotator cuff tear on 7/17/13. On 11/26/13 the surgeon noted improvement, with full Range of Motion (ROM), but still had some pain at the biceps tendon. The 11/21/13 PT notes show good ROM, but strength is at 3+/5. According to the MTUS/Postsurgical treatment guidelines, the postsurgical physical medicine treatment timeframe is 6-months. UR states that the patient has already completed the general course of care of 24 sessions of PT under the guidelines. The MTUS/Postsurgical guidelines also state: If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient's shoulder ROM has improved, but he is reported to have 3+/5 strength. There is still additional functional improvement that can be accomplished. The request for additional PT within the postsurgical physical medicine timeframe is in accordance with the MTUS/Postsurgical guidelines.