

Case Number:	CM14-0008071		
Date Assigned:	02/12/2014	Date of Injury:	04/30/2012
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The patient is a 56 year-old male who was injured on 4/30/12. He underwent right shoulder open subpectoral biceps tenodesis, and arthroscopic subacromial decompression and debridement on 9/28/13. On 1/16/14, UR reviewed a 12/30/13 report from [REDACTED], and a 1/3/14 RFA, and apparently some report that states the patient had 24 sessions of PT as of 1/13/14, and UR recommended denial of the request for PT x12. Unfortunately, the 12/30/13 and 1/3/14 reports were not provided for this IMR, and it is unknown whether the 24 sessions of PT as of 1/13/14 were for the 9/28/13 surgery, or total number of PT since 4/30/12. There was no mention if any of the PT was within the postsurgical physical medicine timeframe for the surgeries from any of the prior surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER, #12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right shoulder pain and was in the 6-months postsurgical physical medicine treatment timeframe from the 9/28/13 open subpectoral biceps

tenodesis, and arthroscopic subacromial decompression and debridement. Unfortunately, any medical reports beyond the 9/28/13 operative report have not been provided. The patient had prior history of rotator cuff surgery and on 9/28/13 had debridement, additional subacromial decompression and open biceps tenodesis. The California MTUS post-surgical guideline for rotator cuff syndrome/impingement appears to be the closest guideline to the patient's condition. The guideline states the general course of care is 24 sessions, with the initial course of care being 12 sessions. The guidelines have provisions to extend beyond the general course of care if additional benefit is possible. Based on the information provided, the request for 12 sessions of postsurgical PT is consistent with the initial course of care recommended by California MTUS.