

Case Number:	CM14-0101562		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2012
Decision Date:	12/10/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 underlying date of injury in this case is 04/09/2012. The date of the initial utilization review under appeal is 06/06/2014. The patient's diagnosis is status post right shoulder rotator cuff repair of 11/04/2013. The patient was seen in treating physician followup on 05/29/2014. The patient reported that she remained symptomatic and that physical therapy had helped her in the past. The patient was attending physical therapy for her right shoulder rotator cuff repair. The patient had attended 6 out of 18 sessions. On examination the right shoulder incision was healed, and the patient had passive flexion of 165 degrees. Additional physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x 6 x12 Sessions to RT Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines section 24.3, page 11, states that a subsequent course of therapy may be prescribed if it is determined additional functional improvement can be accomplished after

completion of a general course of therapy. In this case, the medical records indicate that additional physical therapy has been requested when the patient's previously authorized therapy has not yet been completed. For this reason the requested treatment is not medically necessary.