

Case Number:	CM14-0108277		
Date Assigned:	09/29/2014	Date of Injury:	07/13/2005
Decision Date:	11/13/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 General Surgery 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 62 year old male was injured in a fall 7/13/05. A right shoulder rotator cuff repair and subacromial decompression had been done 10/28/13. The medical report dated 5/13/14 noted that the patient complained of right shoulder pain at a 5/10. "Range of motion was improving." Six additional physical therapy sessions were requested by the requesting provider. Other diagnostic studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional post-op physical therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request was generated the result of an office visit dated 5/13/14. There was essentially no examination reported that date. There is not documentation of either benefit or of functional improvement the result of the 18 postoperative physical therapy sessions the patient had completed. There were 12 already approved additional unused sessions remaining when the 6 additional sessions were requested. Medical evidence-based Guidelines recommend up to 24 sessions of physical therapy after this procedure: Rotator cuff syndrome/Impingement syndrome "Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical Therapy".

Therefore, for these several reasons the medical necessity has not been established and further physical therapy is denied.