

Case Number:	CM14-0174000		
Date Assigned:	10/27/2014	Date of Injury:	07/18/2013
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Pain Management 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 patient with a date of injury of 7/18/13. A utilization review determination dated 10/7/14 recommends denial of Physical Therapy (PT). The patient was noted to have completed 8 PT sessions as of 10/2/14 and was discharged from PT. Patient was to return for more PT after shoulder surgery. 10/23/14 operative report identifies that the patient underwent right shoulder arthroscopy and debridement of partial thickness rotator cuff tear, partial synovectomy, and subacromial bursectomy. A 10/16/14 fax cover note identified a request for the provider to withdraw a request for 12 post-op sessions as the author had spoken to the provider on 10/15 about post-op PT and he wanted 30 sessions. The author noted that 30 post-op sessions in April were already authorized and they would send a letter of extension to the office if the 12 sessions were withdrawn. A request was made for the physician's signature to withdraw the request and a signature was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding active therapy Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-12 AND 27.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Additionally, CA MTUS supports up to 24 sessions after surgery, with half that amount recommended initially. Within the documentation available for review, it is noted that, at around the date of the request, the patient was discharged from PT and scheduled to return after surgery. Case notes also identify that 30 postoperative PT sessions had been authorized. Given that the patient had been recently discharged from PT with a pending surgery and 30 authorized postoperative PT sessions, there is no clear indication for the addition of 8 PT sessions. In the absence of clarity regarding the above issues, the currently requested physical therapy is not medically necessary.