

Case Number:	CM14-0034394		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2013
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Washington. 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 injured worker is a 63 year old female who reported an injury on 06/13/2013 from a mechanism of unknown origin. At a month status-post right shoulder rotator cuff repair and is undergoing post-surgical physical therapy. The injured worker is reporting minimal pain, not noted per pain scale, and only reports pain during activities of daily living and lifting her right arm over her head. The injured worker has not been cleared to return to work. The physician had the injured worker complete 24 sessions of post-operative physical therapy. After assessing the injured worker following the last session of physical therapy, the physician would like her to receive an additional two sessions a week for four weeks. The rationale is the physician feels the injured worker is progressing with therapy, but wants additional sessions to restore more range of motion and strength. The request for authorization was signed and dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY 2 X 4 TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for post-operative physical therapy 2 x 4 is non-certified. The injured worker has already attended 24 sessions of post-operative physical therapy. Her response to therapy is slower than the physician wanted but the injured worker has already completed the number of sessions allocated to her. CA MTUS Postsurgical treatment for rotator cuff repair/acromioplasty guidelines states an injured worker may receive up to 24 visits over 14 weeks. Additional sessions of post-operative physical therapy would exceed guidelines. As such, the request is not medically necessary.