

Case Number:	CM14-0039585		
Date Assigned:	06/27/2014	Date of Injury:	05/21/2013
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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 5/21/13. A utilization review determination dated 3/6/14 recommends non-certification of additional post-op PT. 24 postoperative PT sessions were completed following left shoulder rotator cuff repair on 11/8/13. 2/27/14 medical report identifies that the patient is able to reach almost full abduction with some discomfort. Strength is improved. It was felt that she would benefit from a few more sessions of therapy for strengthening once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy (left shoulder) (1 X 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 27.

Decision rationale: Regarding the request for Additional post-op physical therapy, California MTUS supports up to 24 postoperative physical therapy sessions after rotator cuff surgery. Within the documentation available for review, there is documentation of completion of 24 prior physical therapy sessions. The remaining deficits appear to be minimal and there is no documentation as to why they cannot be addressed within the context of an independent home

exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional post-op physical therapy is not medically necessary.