

Case Number:	CM14-0040448		
Date Assigned:	06/27/2014	Date of Injury:	10/16/2012
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The patient is a 55 year-old with a date of injury of October 16, 2012. According to the March 12, 2014 orthopedic report from [REDACTED], the patient presents with right shoulder pain. He had 24 sessions of physical therapy. There is an November 6, 2013 operative report showing arthroscopic rotator cuff repair for near full thickness tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two sessions per week for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is a 55-year-old with a October 16, 2012 date of injury. According to the March 12, 2014 orthopedic report from [REDACTED], the patient presents with right shoulder pain. He had 24 sessions of PT. There is an November 6, 2013 operative report showing arthroscopic rotator cuff repair for near full thickness tear. The IMR request is for additional postsurgical PT x 6 sessions, after having 24 sessions. The patient is still within the Post-Surgical Treatment Guidelines postsurgical physical medicine treatment timeframe. He has completed the general course of care of 24 sessions, and has improved but with limited abduction (110 degs) and weakness. The physician asked for additional six sessions. The Post-Surgical

Treatment Guidelines state: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The patient can improve ROM (range of motion) and strength. The request for additional physical therapy is in accordance with the Post-Surgical Treatment Guidelines. The request for physical therapy, two sessions per week for three weeks, is medically necessary and appropriate.