MAXIMUS Federal Services

Case Number:	CM13-0005239		
Date Assigned:	11/27/2013	Date of Injury:	07/05/2012
Decision Date:	01/17/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 54-year-old male who reported an injury on 07/05/2012 with the mechanism of injury being the patient fell on their outstretched hand. The patient was noted to have an arthroscopic rotator cuff repair, biceps tenodesis, distal clavicle resection, and a subacromial decompression along with a debridement of the anterior and superior labral tearing on 03/08/2013. The patient was noted to have undergone 24 sessions of physical therapy as per the RFA 07/01/2013. The request was made for 12 additional sessions of physical therapy. The diagnosis was stated to be left shoulder tear of the cuff and the tendon, and a labral tear. The request was made for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 24 sessions of postoperative physical therapy; however, it failed to provide this request was for postoperative physical therapy. As such, California MTUS Guidelines apply. The clinical documentation submitted for review failed to provide support for ongoing therapy as there was a lack of documentation indicating functional deficits that would or could respond to physical therapy; additionally, it failed to provide documentation of how many sessions of physical therapy the patient has participated in and the patient's functional response to the therapy. Given the above, the request for 12 sessions of physical therapy is not medically necessary.