

Case Number:	CM13-0009022		
Date Assigned:	09/16/2013	Date of Injury:	03/11/2011
Decision Date:	01/09/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma 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 43-year-old male who reported an injury on 03/11/2011. The patient was noted to have had a right rotator cuff repair on 02/19/2013. The patient was noted to have attended 24 sessions of postoperative physical therapy following the surgery. The patient's final physical therapy note dated 06/28/2013 states the patient was making progress toward both short-term and long-term goals, his pain level was down to 4/10, and his active range of motion continued to improve. At an appointment with [REDACTED] on 07/24/2013, it was noted the patient was 5 months status post right shoulder rotator cuff repair, arthroscopic subacromial decompression, and biceps anchor debridement. It was noted he had pain with repetitive range of motion at the shoulder and above, he takes Norco 2 pills at night, and he would be participating in an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 4Wks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11 & 27.

Decision rationale: The employee has a diagnosis of right rotator cuff syndrome and was noted to be status post rotator cuff repair. The employee was noted to have completed 24 visits of postoperative physical therapy following his surgery in 02/19/2013. The MTUS Postsurgical Treatment Guidelines recommend 24 postoperative physical therapy visits over 14 weeks following rotator cuff repair procedure. The postsurgical physical medicine treatment period following this surgery is noted as 6 months. As it has been greater than 6 months since his surgery, the postsurgical physical medicine period has ended for this employee. The guidelines indicate that outside of the physical medicine period, the treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational, and physical therapies. Since the employee was noted to previously have had 24 visits of physical therapy and has exceeded the postsurgical physical medicine period, the request for further physical therapy of the right shoulder is not supported by guidelines. Additionally, there were no exceptional factors documented to warrant further physical therapy of the right shoulder. For these reasons, the requested service is non-certified. The request for physical therapy 2xWk x 4Wks right shoulder is not medically necessary and appropriate.