

Case Number:	CM13-0010780		
Date Assigned:	12/18/2013	Date of Injury:	08/10/2011
Decision Date:	07/02/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

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. 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 60 year old female who was injured on 08/10/2011 while bringing down a plastic container that had pizza dough. The container was heavy and she could not hold it with her left arm. She then pulled her right shoulder and experienced some pain in her right shoulder radiating down to her right hand. Prior treatment history has included that the patient underwent right shoulder extensive debridement, synovectomy and revision arthroscopic rotator cuff repair and subacromial decompression on 11/17/2012. Diagnostic studies reviewed include MR arthrogram of the right shoulder revealing recurrent tear involving 50% of the anterior portion of the supraspinatus tendon associated with extravasation of contrast into the bursa. Evidence of subacromial decompression. Prior anterosuperior labral repair associated with degenerative tear of the superior labrum. Moderate degenerative changes of the acromioclavicular joint. Partial thickness tearing involving the intra-articular portion of the biceps tendon. The physical therapy note 03/20/2013 documented the patient to have complaints of pain in the right shoulder at 3/10. The progress note dated 06/21/2013 documented the patient's right shoulder was doing well. Objective findings are illegible. Treatment Plan: Home Exercise Program (HEP). The progress note dated 07/12/2013 documented the patient improved significantly. Objective findings reveal range of motion forward flexion 170 degrees, external and internal rotation 80 degrees, manual muscle testing 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 2X PER WEEK X 6 WEEKS ON RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Shoulder Surgery Page(s): 26-27.

Decision rationale: Per MTUS Post-Surgical Treatment Guidelines, physical therapy is recommended for a finite period of time of 14 weeks as part of a complete rehabilitation program with emphasis on functional goals and transitioning to an independent home exercise program. Per the medical records, the patient is documented as doing well with rehabilitation and the recommendation was for continued home exercise program. As recommended in the guidelines, therapy is necessary for 14 weeks. Based on the current documentation that the patient has had extensive therapy visits, has shown improvement, and can participate in a home exercise program, the request for continued physical therapy is not medically necessary or appropriate.