

Case Number:	CM13-0015741		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2013
Decision Date:	04/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine and is licensed to practice in New York. 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 58 year old female with a date of injury on 01/14/2013. She had a right rotator cuff tear with impingement and lateral elbow pain from repetitive work. MRI of the right shoulder on 04/17/2013 documented a small full thickness rotator cuff tear. MRI of the right elbow documented an effusion that day with biceps and triceps tenopathy. She had right shoulder and elbow surgery on 08/30/2013. She had right elbow release, excision of the lateral clavicle, decompression, partial acromionectomy and partial rotator cuff repair. On 11/22/2013 it was noted in a PR-2 report that she could return to work full duty on 12/03/2013. The incision was well healed. Abduction and flexion were 30 to 40 degrees beyond the horizontal. She had post operative physical therapy and improved. On 10/14/2013 the right elbow strength was 4/5. She was to complete 18 physical therapy visits (3 times a week for 6 weeks). 18 sessions of post operative physical therapy was requested and 12 physical therapy visits for the right shoulder and 6 for the right elbow were approved. The Bosworth release is for lateral epicondylitis, tennis elbow. Again the request for post operative physical therapy was in 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-561.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient had surgery on 08/30/2013. The MTUS Postsurgical Treatment Guidelines for elbow surgery release for lateral epicondylitis allows up to 12 physical therapy visits over 6 weeks. MTUS Postsurgical Guidelines for rotator cuff repair/impingement allows for 24 post operative physical therapy visits but if there is a complete tear in the rotator cuff, as in this case (the MRI noted a small complete tear) then 40 posoperative physical therapy visits are allowed. In this case just for the full thickness rotator cuff tear, half of the maximum allowed visits would be 20 visits and 18 were requested. The request for 18 post operative physical therapy visitis is medically necessary and is consistent with MTUS criteria.