

Case Number:	CM13-0017443		
Date Assigned:	03/03/2014	Date of Injury:	10/11/2012
Decision Date:	04/15/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 64 year old male with a date of injury on 10/11/2012. While working as an equipment operator he felt a left shoulder pop. On 01/23/2013 he had arthroscopic left shoulder surgery. He had a rotator cuff repair with biceps tenodesis and subacromial decompression. The operative report noted a full thickness rotator cuff tear. On 03/14/2013, 8 physical therapy visits were certified. On 06/13/2013 he had the 16th left shoulder physical therapy visit. On 07/11/2013, 8 more physical therapy visits for the left shoulder were certified. 08/12/2013 was the 7th physical therapy visit. He was 70% independent and compliant with a home exercise program. On 08/15/2013 he had the last physical therapy visit and continued to have left shoulder pain which was less than his right shoulder pain. Then there was a request for another 8 physical therapy visits that was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Study: "An assessment of the efficacy of physical therapy and physical modalities for the control of chronic musculoskeletal pain" in Pain Journal.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 27.

Decision rationale: The rotator cuff repair on 01/23/2013 was for repair of a complete tear of the rotator cuff. The patient was treated with three separate post operative physical therapy certifications of 8 visits each as if he had a repair of a partial tear of the rotator cuff which MTUS ACOEM allows for a maximum of 24 post operative physical therapy visits. Then when 8 more physical therapy visit were requested they were denied. He was making slow progress during physical therapy, and for a complete tear of the rotator cuff, MTUS ACOEM allows for a maximum of 40 post operative visits. The request of the additional 8 post operative physical therapy visits in 08/2013 is consistent with the guidelines and is approved. Having up to 40 post operative physical therapy visits for this patient is consistent with the MTUS guidelines.

SHOULDER PULLEY, PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMPBELL'S OPERATIVE ORTHOPAEDICS, 10TH EDITION.

Decision rationale: The patient had a left rotator cuff injury and repair. On 09/26/2013 the shoulder strength was normal. The range of motion was similar in both shoulders. MTUS, ACOEM Chapter 9 Shoulder Complaints and ODG do not mention a shoulder pulley as a recommended treatment for any shoulder injury. He has been 70% compliant with a home exercise program and there is no documentation that the purchase of a pulley will improve his compliance or is associated with an improved surgical outcome. The purchase of a shoulder pulley is not standard of care.