

Case Number:	CM13-0023885		
Date Assigned:	03/26/2014	Date of Injury:	02/16/2012
Decision Date:	04/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational Medicine 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:

According to the records made available for review, this patient reported a 2/16/12 date of injury, and status post left shoulder arthroscopy, acromioplasty, excision of calcific tendinitis, and rotator cuff repair 1/15/13. At the time (8/15/13) of request for authorization for physical therapy 2x6, there is documentation of subjective (getting better slowly,) and objective (left shoulder FF 140, ER 50, IR 45, tightness but 4+/5 IR, ER, and 4+/5 supraspinatus, better with less pain) findings, current diagnoses (status post left shoulder arthroscopy, acromioplasty, excision of calcific tendinitis, and rotator cuff repair), and treatment to date (activity modification, medications, and PT x 24 (8/6/13)). Per PT progress note there was improvement in ROM and strength with previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS postsurgical treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial

course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of status post left shoulder arthroscopy, acromioplasty, excision of calcific tendinitis, and rotator cuff repair performed on 1/15/13. In addition, given documentation of improvement in ROM and strength with previous therapy, there is documentation of functional benefit and improvement as an increase in activity tolerance. Furthermore, there is documentation of 24 visits completed to date which is the limit of guidelines. Moreover, despite documentation of objective (left shoulder FF 140, ER 50, IR 45, tightness but 4+/5 IR, ER, and 4+/5 supraspinatus, better with less pain) findings, there is no (clear) documentation of exceptional factors to justify exceeding guideline recommendations for 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months..Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2x6 is not medically necessary.