

Case Number:	CM13-0034406		
Date Assigned:	12/06/2013	Date of Injury:	11/13/2010
Decision Date:	01/13/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management 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 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:

A prior physician review noted that the patient has remained symptomatic despite additional treatment for postoperative shoulder symptoms, that the patient was outside window of postoperative therapy recommendations for rotator cuff surgery but had developed bicipital tendinitis. The evaluation, however, of the patient's therapist differed from [REDACTED] of the same date, showing some improvement. In this situation, the reviewer recommended partial certification of the request for up to 4 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) Weeks in treatment to the left bicep:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient is status post a left shoulder rotator cuff repair with residual pain and range of motion deficits and reported bicipital tendinitis. The California Medical Treatment Utilization Schedule Postoperative Treatment Guidelines for the Shoulder recommends, "Postsurgical treatment, arthroscopic: 24 visits over 14 weeks" for a rotator cuff

syndrome or impingement syndrome. This patient is beyond this postoperative treatment program. However, this is a complex situation given that the patient has also developed bicipital tenosynovitis. I note that the Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98-99, recommends, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." Given the postsurgical complication, the guidelines do not directly apply. The fundamental principles of the guideline are to encourage active independent rehabilitation and functional restoration. The requested additional physical therapy is consistent with these guidelines with the hope of restoring or retaining function of the upper extremity. Given the patient's ongoing pain in this area, it is not likely that the patient would be able to independently advance her treatment program in order to maximally produce the functional improvement, particularly range of motion. For these reasons, this case is an outlier and the requested physical therapy is supported by the guidelines. This request is medically necessary.