

Case Number:	CM13-0037441		
Date Assigned:	12/13/2013	Date of Injury:	02/07/2012
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient is a 56 year old male who reported an injury on 02/07/2012. The mechanism of injury was a repetitive motion injury. The patient complained of bilateral shoulder pain. The patient was treated with medication and physical therapy with no significant relief of pain. The patient was referred to an orthopedist who diagnosed bilateral rotator cuff damage. The patient underwent rotator cuff repair to the left shoulder on 07/17/2012 followed by rotator cuff repair to the right shoulder in 2013. The patient was treated post operatively with medication and physical therapy. The patient stated his pain level is 3/10 with medication and 7/10 without medication. The patient has also been treated with ice/heat, chiropractic treatments, injections and massages. The physical examination showed atrophy to the right shoulder joint, restricted movements with abduction at 110 degrees limited by pain, passive elevation to 150 degrees, active elevation to 120 degrees and external rotation to 30 degrees limited by pain. The patient had normal flexion, extension and internal rotation. The left shoulder showed restricted movements with flexion limited to 150 degrees, extension 60 degrees, abduction 90 degrees and limited by pain, passive elevation was 175 degrees and active elevation was 165 degrees due to pain but normal internal rotation and external rotation. The patient had a positive Hawkins test, Neer test, Empty Cans test, Lift-off test and Drop arm test. On palpation, tenderness was noted in the genohumeral joint. 8 additional sessions of physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The clinical documentation does not meet the guideline recommendations. The patient underwent rotator cuff repair to the left shoulder on 07/17/2012 followed by rotator cuff repair to the right shoulder in 2013. The patient was treated post operatively with medication and physical therapy. The physical examination showed atrophy to the right shoulder joint, restricted movements with abduction at 110 degrees limited by pain, passive elevation to 150 degrees, active elevation to 120 degrees and external rotation to 30 degrees limited by pain. The patient had normal flexion, extension and internal rotation. The patient had a positive Lift-off test. The left shoulder showed restricted movements with flexion limited to 150 degrees, extension 60 degrees, abduction 90 degrees and limited by pain, passive elevation was 175 degrees and active elevation was 165 degrees due to pain but normal internal rotation and external rotation. The patient had a positive Hawkins test, Neer test, Empty Cans test, Lift-off test and Drop arm test. On palpation, tenderness was noted in the genohumeral joint. CA MTUS recommends post-surgical physical therapy at 24 visits over 14 weeks for arthroscopic rotator cuff repair. Although it appears the patient continues to have some functional deficits, no objective clinical documentation was submitted to show those functional deficits. Also, this request exceeds the sessions recommended by the guidelines. As such, the request is non-certified.