

Case Number:	CM13-0038125		
Date Assigned:	12/18/2013	Date of Injury:	10/15/2012
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 63-year-old male with a date of injury of 10/15/2012. The progress report by [REDACTED] dated 10/29/2013 indicates that the patient's diagnosis includes: Status post rotator cuff repair. The patient had surgery of the right shoulder on 03/04/2013 for rotator cuff repair and had a manipulation under anesthesia on 07/08/2013. The patient is still having weakness of the shoulder. He was not currently on physical therapy at this point. Physical exam showed abduction at 140 degrees. Physical therapy was requested because of ongoing symptoms and pain. Utilization review letter dated 09/23/2013 indicates the patient had undergone 50 total physical therapy sessions after the 03/04/2013 and the 07/08/2013 procedures combined. The last 24 physical therapy sessions were following the manipulation under anesthesia on 07/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 12 Additional Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right shoulder pain and decreased range of motion. The 10/29/2013 report indicates the patient had active range of motion of the right shoulder with 140 degrees of abduction. However, the physical therapy note from 08/29/2013 indicates the patient had 160 degrees of active range of motion with abduction and 160 degrees with flexion compared to 140 degrees abduction from 07/22/2013 visit. The utilization review letter dated 09/23/2013 indicates the patient has had a total of 50 physical therapy sessions combined from the patient's original surgery on 03/04/2013 and 24 of those sessions were performed after the manipulation under anesthesia on 07/08/2013. The MTUS Guidelines for postoperative physical therapy for adhesive capsulitis for surgical treatment is 24 visits over 14 weeks. The records appeared to indicate that the patient has had extensive physical therapy and is made progress on active range of motion which appears to have plateaued. The treating physician requested an additional 12 sessions of physical therapy. However, it does not appear that this patient has made any significant progress towards improved range of motion from July 2013 to 08/29/2013. The patient should be well versed on a home exercise program at this point and should try to maintain improved active range of motion. Therefore, recommendation is for denial.