

Case Number:	CM13-0038821		
Date Assigned:	12/18/2013	Date of Injury:	11/09/2012
Decision Date:	02/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 53 year old female who fell from a truck on 11/09/2012. She sustained an injury to her left shoulder. On 02/14/2013 she had a left shoulder MRI with contrast and a complete rotator cuff tear was present. On 06/06/2013 she had an arthroscopic left subacromial decompression, rotator cuff repair and biceps tenotomy for chronic shoulder pain. She had 12 post operative physical therapy sessions with overall improvement in the range of motion but with residual pain, restriction of motion and weakness. Physical therapy was ordered on 07/16/2013 twice a week for 6 weeks and was started on 07/24/2013. Left shoulder flexion was 90 degrees, extension 20 degrees, abduction 70 degrees, internal rotation 45 degrees and external rotation was 30 degrees. She could not place her hand behind her back. Strength in each direction was 3-/5. There was marked improvement and by 09/04/2013 after 12 visits the flexion was 130 degrees, extension 35 degrees, abduction was 90 degrees, external rotation was 45 degrees and internal rotation was 60 degrees. Then on 09/04/2013 an additional 12 sessions of physical therapy for the left shoulder was requested. She remained off work but was markedly improved. There was no documentation that she was taking pain medication any more. She had been on opiates immediately post operatively and then on NSAIDS. 6 of those sessions of physical therapy were approved and the other six denied. So 6 sessions of left shoulder physical therapy were approved from 09/04/2013 to 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27,11, 10.

Decision rationale: For a complete rotator cuff tear (documented on the 02/14/2013 MRI with contrast) a maximum of 40 visits of physical therapy for a post surgical treatment period of 6 months is allowed in the guideline. Initial treatment for the patient is a course of physical therapy of 50% the maximum total for 20 visits as per MTUS page 10. The patient had 12 initial visits of physical therapy, less than 50% for the correct guideline. Also further physical therapy is approved if there is functional improvement (improvement in activities of daily living, decrease in work restrictions, improvement in pain - use of less medication to control pain). At the time of the request for more physical therapy there was a marked improvement in the range of motion. The patient continued to be out of work so work restriction was not changed. However, there was a decrease in the required medication for control of pain (initially opiates and NSAIDS and at the time of the request she was no longer taking any medication for pain). Also, although not commented upon by the surgeon or therapist, she had to have an improvement in activities of daily living since at the start of physical therapy she could not put her left hand behind her back to put on a jacket or shirt because of the limited range of motion and interpreting the improved range of motion is consistent with her new ability to put on shirts and jackets without limitation of left shoulder range of motion. Since she had 12 physical therapy visits and the request on 09/04/2013 was for 12 more visits, this would meet the guidelines since the maximum within 6 months would be 40 visits and that is fewer total visits (24 visits) if the 12 requested visits were approved. Also it would be within 6 months of the surgery. Also there was documented functional improvement during the initial 12 visits - less pain, increased range of motion that would translate into improvement in the ability to dress oneself which is an activity of daily living.