

Case Number:	CM13-0040728		
Date Assigned:	12/20/2013	Date of Injury:	02/04/2012
Decision Date:	05/15/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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:

This 59-year-old male registered nurse sustained an industrial injury on 2/4/12 when he was assaulted by a psychiatric patient, passed out, fell on his back, and was hit in the mouth. The patient was status post left thumb surgery on 3/15/12 for gamekeeper's thumb. Left shoulder MRI revealed a complete rotator cuff tear and left shoulder arthroscopy and rotator cuff repair was performed on 5/15/13. The patient initiated physical therapy in [REDACTED] for 4 weeks, then moved to [REDACTED] on 6/30/13 and continued treatment there. The 9/11/13 physical therapy progress report documented that the patient had completed 13 of 24 sessions, and was last seen on 8/15/13 due to a delay in authorization. Pain continued to limit activities of daily living and ability to sleep. Objective findings noted fair function and mobility. Passive shoulder range of motion was 145° flexion, 155° abduction, 75° internal rotation, and 70° external rotation. Manual muscle testing demonstrated 4-/5 flexion, abduction, and external rotation strength and 4/5 internal rotation strength. Physical therapy was initiated on 9/11/13 for 12 additional visits. The 9/23/13 [REDACTED] form requested post-op left shoulder physical therapy 2 to 3 times per week for 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY FOR THE LEFT SHOULDER (2-3 TIMES A WEEK FOR 4-6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Postoperative Physical Therapy and Rehab Guidelines

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

Decision rationale: The California Post-Surgical Treatment Guidelines for rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Physical therapy had been certified for 12 additional visits as of 9/11/13. The patient had previously completed a 4 week course of therapy in [REDACTED], then moved to [REDACTED] where 13 additional visits had been provided. There is no compelling reason to support the medical necessity of 18 additional physical therapy visits beyond the 12 visits already certified and in process at the time of this request on 9/23/13 (8 visits remaining). Therefore, this request for continued physical therapy for the left shoulder is not medically necessary.