

Case Number:	CM13-0046741		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2013
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 58 year-old woman who sustained a work related injury on 3/9/13. Her injuries included a left rotator cuff rupture, concussion without coma, and contusions to the head, neck, and shoulder, upper arm and back. An MRI of the shoulder showed a high-grade partial thickness tear of the rotator cuff including supraspinatus and subscapularis muscles and subluxation of the long head of the biceps tendon. She failed conservative treatment and had shoulder surgery on 7/12/13 that included arthroscopic rotator cuff repair with biceps tenotomy and tenodesis with subacromial decompression and extensive debridement of the geno-humeral joint. At the time of surgery the supraspinatus was noted to have a full-thickness tear with retraction. The procedure was noted to be arthroscopic only. Following surgery she had 30 physical therapy sessions. The physical therapy session on 10/17/13 was #30. At that time her pain was rated at 2/10, which met their goal of pain control. Active range of motion showed the left shoulder abduction at 90 degrees with a goal to 130 degrees, and flexion at 110 degrees with a goal to 160 degrees. Functional goals of reaching, lifting and carrying were not addressed during this session. The patient was evaluated by the primary treating orthopedist on multiple occasions including 10/22/13, 12/3/13 and 10/1/13. On 10/1/13 the exam of the shoulder noted rotator cuff strength of 4/5 and ER 5/5. The patient complained of post-operative stiffness. On 12/3/13 the orthopedist notes the patient's pain has dropped substantially but the strength has not returned to normal and the physician recommends an MRI of the shoulder for further investigation. The primary treating orthopedist ordered an additional 6 PT sessions on 10/1/13. The utilization review denied these additional sessions stating they were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY (PT) FOR THE LEFT SHOULDER, UPPER EXTREMITY, AND LEFT HIP, ADDITIONAL SIX (6) SESSIONS OF THREE (3) TIMES PER WEEK FOR TWO (2) WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient had arthroscopic surgery for a complete rupture of the rotator cuff. As of 10/17/13 she had completed 30 physical therapy sessions and had not reached the goal for range of motion and strength. Improvement in range of motion was documented from previous sessions. She had improved by 30 degrees with respect to left shoulder abduction and 10 degrees by flexion. The treating orthopedist expressed concern for lack of strength on 12/3/13 and ordered an MRI to investigate. According to the MTUS section on post-surgical treatment guidelines a surgical procedure for complete rupture of rotator cuff (727.61; 727.6) allows for 40 visits to physical therapy over 16 weeks with a treatment period of 6 months. The patient has been improving with PT but is not at goal with strength and range of motion, the additional sessions is medically necessary.