

Case Number:	CM13-0046746		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2012
Decision Date:	04/21/2014	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 Occupational 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 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 male with date of injury 1/23/2012. Per primary treating physician's progress report, the injured worker followed up 4 ½ months status post right shoulder rotator cuff repair and SLAP lesion debridement with a distal clavicle resection. He is still making slow progress. On exam he has range of motion of 150 degrees forward flexion, 140 degrees of abduction and 45 degrees of external rotation. He has 4-5/5 strength in abduction and forward flexion with 5/5 strength in external rotation and 4-5/5 strength in internal rotation. Diagnosis is bilateral rotator cuff syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE WEEKLY FOR FOUR WEEKS FOR THE BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the cited guidelines, postsurgical treatment guidelines recommend 24 visits of physical therapy over 14 weeks. The postsurgical physical medicine treatment period is 6 months. The injured worker is still within the postsurgical treatment period, therefore the Chronic Pain Medical Treatment Guidelines do not apply. His surgery occurred on 5/30/2013.

He had previously had left shoulder surgery with at least 24 post operative physical therapy sessions. He appears to have completed a similar amount of post operative physical therapy sessions following surgery on his right shoulder. The injured worker is reported to be progressing slower than expected. The injured worker has participated in many physical therapy sessions. One goal of physical therapy is to develop a home exercise program for the injured worker to actively participate in therapy at home between sessions, and to have a program to continue rehabilitative exercises beyond the therapist led sessions. Although the injured worker is reported to be progressing slower than expected, this does not necessitate additional therapy beyond the guidelines. The injured worker should be well prepared to continue therapy on at home with the support of his primary treating physician during follow up visits.