

Case Number:	CM13-0047237		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2012
Decision Date:	03/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Pain and Physical Therapy 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 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 58 year old man with a medical history of hypertension who sustained a work-related injury on 6/4/12 when he fell. Injuries were noted to his ankle, right shoulder and neck. He was diagnosed by MRI with a full thickness right shoulder rotator cuff tear and underwent surgical repair on 9/28/12. The surgical procedures on 9/28/12 included right shoulder APA, debridement, SAD, RCR bicep tendon repair. Subsequently he had 43 physical therapy sessions ending on 2/20/13. At the end of PT he was noted to have continued functional impairment and pain due to tightness of the shoulder joint. He continued to have pain and was planned for a second arthroscopic surgery. MRI on 4/1/13 noted repaired tendon grossly intact, irregular fraying and partial thickness tearing of the supraspinatus and infraspinatus is noted. On 8/27/13 he had a second surgery that included manipulation of the shoulder under anesthesia, arthroscopy with debridement, lysis of adhesions and rotator cuff repair. Eight physical therapy sessions were approved post-operatively and a CPM machine was ordered. The patient was evaluated by the orthopedic surgeon on multiple occasions including 9/25/13. At that time the patient was noted to have continued weakness and limited active range of motion with improved passive range of motion. The orthopedic surgeon ordered 24 additional physical therapy sessions. The UR denial dated 10/4/13 denied these sessions based on lack of extenuating clinical circumstances that would show a need for more PT sessions than is recommended by the MTUS. On 10/30/13 and 12/13/13 it was noted by the treating orthopedic surgeon that the patient was participating in a home exercise program (HEP) but still had functional limitations and pain. Physical exam showed strength of 4/5 in the arm and tenderness over the anterior shoulder with difficulty lowering the arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 3 x 8 weeks, right shoulder: Upheld

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

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

Decision rationale: The patient has required two surgeries to the right shoulder due to a work-related injury and chronic pain. The first surgery occurred on 9/28/12 and included a repair to a full-thickness rotator cuff tendon. He appropriately had 43 PT sessions after the surgery but continued to have pain and functional limitations. He has not been able to return to work. The second surgery was done on 8/27/13 and included arthroscopic repair to a partial tear of the rotator cuff. He has had 8 post-op PT sessions and is participating in a HEP. He is noted, to have continued pain with weakness of the right shoulder. He has not returned to work. The medical record does not address his ability to perform activities of daily living. According to the Postsurgical Treatment Guidelines for Rotator Cuff syndrome, requiring rotator cuff repair of a partially torn rotator cuff, the patient is allowed 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. The patient has had 8 PT sessions. The request for an additional 24 sessions would supersede the recommended number of sessions. The clinical record does not indicate that there is a need for physical therapy sessions beyond the recommended number. There is no documentation that the patient has had a lack of functional improvement that would require an additional 24 PT sessions. The additional 24 sessions of PT are not medically necessary.