MAXIMUS Federal Services

Case Number:	CM13-0055789		
Date Assigned:	12/30/2013	Date of Injury:	12/05/2012
Decision Date:	05/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 12/05/2012. The patient's treating diagnoses include status post right shoulder arthroscopic rotator cuff repair and arthroscopic subacromial decompression. The patient's shoulder surgery occurred on 05/16/2013. On 10/08/2013, when the patient was seen in follow-up by her primary treating orthopedic surgeon, the patient had completed 21 out of 24 sessions of physical therapy which had been approved. The patient reported gastrointestinal upset and difficulty sleeping at night. On exam the patient had forward flexion of 105 degrees with abduction of 100 degrees. The patient was neurovascularly intact. The patient overall had significant pain and discomfort with range of motion of the shoulder. The treating physician requested an additional 12 sessions of physical therapy, noting, "We realize that this is an unorthodox request, but nonetheless we believe that the patient will benefit from additional physical therapy." A physical therapy follow-up note of 10/22/2013 notes that the patient's biggest limiting factor was pain and that it was a challenge to push the patient's exercises due to pain. Additional physical therapy was recommended for 12 sessions. An initial physician review indicated the medical records did not establish the medical necessity of an additional 12 sessions of physical therapy beyond that previously provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES TWELVE VISITS FOR THE 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 Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, page 27, recommend a postsurgical treatment period of 6 months for rotator cuff syndrome with treatment of 24 visits over 14 weeks. Those same guidelines indicate that treatment can be extended based on specific functional goals. At this time, neither the physician notes nor the physical therapy notes document functional goals for supervised therapy which would appear to differ from the patient's existing home exercise program. The patient reportedly has pain which is primarily limiting her function at this time. It is unclear how additional physical therapy would improve the patient's pain or range of motion to a greater extent than continued home rehabilitation, and it is unclear what different techniques or modalities would be proposed for supervised therapy which would differ from that which has already been provided. At this time the medical records and guidelines do not support an indication for the requested additional physical therapy. This request is not medically necessary.