

Case Number:	CM13-0056019		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2010
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
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 injured worker is a 56-year-old male who reported an injury on March 26, 2011. The mechanism of injury was not stated. The injured worker is diagnosed with history of open distal clavicle excision and status post revision right shoulder arthroscopy with mini open rotator cuff repair, biceps tenodesis, and subscapularis repair on 03/22/2013. The injured worker was recently seen by [REDACTED] on November 4, 2013. The injured worker reported stiffness as well as discomfort of the proximal biceps tendon. The injured worker has completed fourteen sessions of postoperative physical therapy. Physical examination revealed a well-healed incision, 120 degree forward flexion and abduction, 4/5 strength, and tenderness to palpation along the long head of the biceps tendon and bicipital groove. Treatment recommendations included additional physical therapy twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY 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): 10 and 26-27.

Decision rationale: The Post-Surgical Treatment Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following rotator cuff repair includes 24 visits over fourteen weeks. As per the documentation submitted, the injured worker has completed fourteen sessions of postoperative physical therapy to date. However, the injured worker continues to report stiffness and discomfort. There is no evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. There was also no frequency or quantity listed in the current request. The request for post-operative physical therapy for the right shoulder is not medically necessary or appropriate.