

Case Number:	CM13-0056930		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2011
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 and is licensed to practice in New York. 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 33 year old female with a date of injury on 05/10/2011. On 02/26/2013 he had a left shoulder bursectomy, partial thickness rotator cuff tear repair, anterior acromioplasty with subacromial decompression, distal clavicle resection and glenohumeral debridement. She received at least 40 post operative physical therapy visits. On 09/19/2013 the range of motion of the left shoulder was almost normal. Pain was improved. She was not taking any pain medication due to her pregnancy. Abduction was 165 degrees. Forward flexion was 175 degrees. Motor strength was 5/5. Sensation was normal. On 09/30/2013 8 physical therapy visits were certified from 09/30/2013 to 11/15/2013. On 11/18/2013 an additional 8 visits of physical therapy were requested.

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 left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PT guidelines-shoulder

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

Decision rationale: The Physician Reviewer's decision rationale: The patient had arthroscopic left shoulder partial rotator cuff repair with decompression for impingement on 02/26/2013. The MTUS guideline for the maximum number of post operative physical therapy visits for post arthroscopic surgery for rotator cuff repair (not complete tear) and for impingement (decompression surgery) is 24 visits over 6 months. He has already had at least 40 visits prior to the recent requested additional 8 physical therapy visits. The patient already had more physical therapy visits than the maximum allowed prior to the requested additional 8 visits. Also the additional 8 physical therapy visits were requested more than 6 months after surgery. By 09/19/2013 she already had almost normal range of motion of her left shoulder with normal strength and she continued physical therapy to 11/15/2013 (from 09/30/2013 to 11/15/2013 she had 8 more visits). By 11/18/2013 when the additional 8 visits were requested, she should have been transitioned to a home exercise program. At that time there is no documentation that continued formal physical therapy is superior to a home exercise program and she had no functional deficits that would preclude a home exercise program.