

Case Number:	CM13-0060369		
Date Assigned:	12/30/2013	Date of Injury:	01/13/2013
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 47-year-old male who reported injury on 01/13/2013. The mechanism of injury was noted to be the patient was pulling cables and developed severe pain in his right shoulder. The patient had a rotator cuff surgery approximately 10 years prior to the 01/22/2013 visit. The patient had a revision of a rotator cuff repair, revision of subacromial decompression, co-planing, distal end of the clavicle partial Mumford, and a debridement of a degenerative labral tear on 04/29/2013. The patient was noted to have been approved for 25 postoperative physical therapy sessions. The physical examination dated 11/05/2013 revealed the patient had slight anterior right shoulder pain and tenderness to palpation over the right anterior shoulder with slight tenderness to palpation of the right AC joint. The patient had full range of motion and the strength was noted to be 5/5. The patient's plan was to continue with a home exercise program, and the request was made for physical therapy of the right shoulder 2 times to 3 times x4 weeks. The diagnosis was noted to be supraspinatus muscle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy (3) times a week for (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: California MTUS Postsurgical Treatment Guidelines indicate that appropriate treatment post surgically for an arthroscopic rotator cuff repair is 24 visits. The patient was noted to have full range of motion and 5/5 strength. There was a lack of documentation indicating functional deficits to support additional therapy. The patient was to continue home therapy. Additionally, there was a lack of documentation indicating the quantity of sessions the patient had previously attended and the functional benefit that received from it. The request for physical therapy (3) times a week for (4) weeks for the right shoulder is not medically necessary and appropriate