

Case Number:	CM13-0070595		
Date Assigned:	02/10/2014	Date of Injury:	02/20/2010
Decision Date:	11/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

This 60 year-old patient sustained an injury on 2/20/10 from slipping and landed on back/buttocks while employed by [REDACTED]. Request(s) under consideration include 12 visits physical therapy (PT) left shoulder. Diagnoses include Right knee derangement/ chondromalacia/ medial meniscal tear; cervicalgia; and rotator cuff tear s/p left shoulder arthroscopic repair with synovectomy, labral debridement and SAD with partial acromionectomy/ bursectomy on 7/23/13. The patient has received 12 post-operative PT visits. Hand-written illegible report of 8/27/13 from the provider noted exam findings of minor TTP and crepitus. Hand-written report of 12/4/13 and visit of 10/2/13 from the provider noted indicated the patient is s/p rotator cuff repair in July 2013, still with L shoulder symptoms; neck pain without radiculopathy symptoms. Exam showed positive Neer's sign; TTP at cervical spine with full ROM, intact sensation and full strength in the upper extremities. The request(s) for 12 visits physical therapy left shoulder was non-certified on 12/9/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits physical therapy left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 12 initial post-op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity for this surgery almost 16 months ago. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The 12 visits physical therapy left shoulder is not medically necessary and appropriate.