

Case Number:	CM14-0004253		
Date Assigned:	02/05/2014	Date of Injury:	12/16/2003
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

According to the records made available for review, this is a 57 year old female with a 12/16/03 date of injury and rotator cuff repair, subacromial decompression, and biceps tenodesis right shoulder on 6/25/13. At the time (11/20/13) of the request for authorization for continued outpatient physical therapy (PT) three (3) times a week for two (2) weeks to right shoulder, there is documentation of subjective (complaints referable to her right shoulder) and objective (forward flexion 120, passive 160, abduction 110, passive 140, tenderness over the biceps tendon and along the deltoid, and tenderness over the anterior acromion) findings, current diagnoses (right shoulder rotator cuff tear s/p repair, impingement, os acromiale, and biceps tear/subluxation s/p tenodesis), and treatment to date (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE OUTPATIENT PHYSICAL THERAPY (PT) THREE (3) TIMES WEEK FOR TWO (2) WEEKS TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, SHOULDER,

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, the MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of right shoulder rotator cuff tear s/p repair, impingement, os acromiale, and biceps tear/subluxation s/p tenodesis. In addition, there is documentation that rotator cuff repair, subacromial decompression, and biceps tenodesis right shoulder took place on 6/25/13. In addition, there is documentation of treatment with previous physical therapy. However, the number of previous physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Therefore, the request is not medically necessary and appropriate.