

Case Number:	CM14-0005383		
Date Assigned:	02/12/2014	Date of Injury:	07/25/2013
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 51-year-old female who has submitted a claim for right shoulder strain status post right rotator cuff repair associated with an industrial injury date of July 25, 2013. The medical records from 2013 were reviewed showing the patient having persistent right shoulder pain grade 5/10. Physical examination showed mild tenderness on the anterolateral rotator cuff and limitation on active and passive range of motion in the right shoulder. MRI (magnetic resonance imaging) of the right shoulder, dated August 6, 2013, showed supraspinatus tear at the distal anterior attachment most likely full thickness, intramuscular cyst in the infraspinatus, moderate infraspinatus and subscapularis tendinosis, and moderate acromioclavicular joint degenerative change with superior and inferior spurs. The treatment to date has included medications, activity modification, surgery and physical therapy. A Utilization review from December 20, 2013 denied the request for additional post-op physical therapy times twelve (12) to the right shoulder. The reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOP PHYSICAL THERAPY TIMES TWELVE (12) TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS Post-Surgical Guidelines indicate that for post-surgical treatment following rotator cuff surgery, 24 visits over 14 weeks are reasonable with treatment period of 6 months. In this case, the patient underwent right rotator cuff repair on August 2013. A progress report, dated December 11, 2013, states that she has completed 24 visits of physical therapy in 3½ months status post rotator cuff surgery. The documented rationale for physical therapy is to strengthen and improve range of motion of right upper extremity before she returns back to work. This is significant because her work would require lifting and pushing tasks. However, it is unclear why, after the recommended number of physical therapy visits was completed, the patient would be unable to continue strengthening exercise in an independent home exercise program. Therefore, the request for additional post-op physical therapy times twelve (12) to the right shoulder is not medically necessary.