

Case Number:	CM14-0005838		
Date Assigned:	02/05/2014	Date of Injury:	11/12/2012
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
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 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 42 year old female with a 11/12/12 date of injury and status post right shoulder rotator cuff repair and subacromial decompression on 9/10/13. At the time (12/4/13) of request for authorization for additional physical therapy (2) times per week for right shoulder qty: 12.00, there is documentation of subjective (significant right shoulder pain and weakness) and objective (active forward flexion of 90 degrees and positive Hawkin's test) findings, current diagnoses (stable status post right rotator cuff repair and subacromial decompression), and treatment to date (right shoulder rotator cuff repair and subacromial decompression and 27 postoperative physical therapy sessions with slow improvement).

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (2) TIMES PER WEEK FOR RIGHT SHOULDER QTY: 12.00: 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, , 27

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines allows up to 24 visits of post-operative physical therapy over 14 weeks and a post-surgical physical medicine treatment period of up to 6 months. In addition, 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 stable status post right rotator cuff repair and subacromial decompression. In addition, there is documentation of status post rotator cuff repair and subacromial decompression on 9/10/13, and 27 sessions of post-operative physical therapy sessions completed to date, which exceeds the MTUS Guidelines' recommendations. Furthermore, despite documentation of slow improvement with previous physical therapy sessions, there is no clear 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 as a result of physical therapy provided to date. Lastly, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding MTUS Guidelines. Therefore, the request is not medically necessary.