

Case Number:	CM14-0107899		
Date Assigned:	08/01/2014	Date of Injury:	08/12/2011
Decision Date:	11/14/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal Medicine 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 an injured worker who is status post right shoulder arthroscopy, rotator cuff repair, and biceps tenodesis. Mechanism of injury was cumulative. Date of injury was 08-12-2011. Qualified medical evaluator (QME) report dated June 10, 2014 documented right shoulder impingement and rotator cuff tear. She had right shoulder arthroscopy, rotator cuff repair, and biceps tenodesis. Physical examination documented on the qualified medical evaluator report dated 4/11/14 documented tenderness and decreased shoulder range of motion. Operative report dated 5/2/2014 documented a right shoulder rotator cuff tear, impingement syndrome, biceps anchor/superior labral anterior posterior (SLAP) tear. The patient had right ongoing shoulder pain. MRI magnetic resonance imaging demonstrates rotator cuff full-thickness tear. Post-operative visit report dated 5/13/2014 documented shoulder arthroscopy and rotator cuff repair. Regarding subjective complaints, the patient reported that she was doing well and the pain was decreasing. Physical examination findings were documented. Wounds are healed. The range of motion was 90 degrees. The biceps is intact. There no signs of infection. Treatment plan was documented. The patient would start PT physical therapy. The patient had 36 sessions of physical therapy. Utilization review determination date was 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for rotator cuff syndrome, 24 visits of postsurgical physical therapy are recommended. Medical records document right shoulder arthroscopy and rotator cuff repair surgery on 5/2/14. The post-operative visit report dated 5/13/14 documented the initiation of PT physical therapy. The patient had 36 sessions of post-surgical physical therapy. The 5/13/14 post-operative visit note was the latest progress report available for review. No progress reports documenting functional improvement were submitted for review. The request for 12 additional physical therapy visits would exceed MTUS guideline recommendations. No exceptional factors justifying exceeding guidelines were documented. The request for 12 additional physical therapy visits is not supported in the available medical records. Therefore, the request for Physical therapy 2xwk x 6wks right arm is not medically necessary.