

Case Number:	CM14-0010278		
Date Assigned:	05/19/2014	Date of Injury:	08/02/2012
Decision Date:	08/14/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/28/2014

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 Orthopedic Surgery, 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:

This is a 52-year-old male with an 8/2/2012 date of injury. A specific mechanism of injury was not described. 12/13/13 determination was modified to 6 visits to assess efficacy of therapy. The prior determination also indicates that 20 sessions of physical therapy were previously certified and that the patient had a large rotator cuff tear. The procedure included arthroscopic rotator cuff repair with the use of two anchors that were double loaded. 12/5/13 physical therapy identifies that the patient is gradually making progress with passive and active range of motion, though significant limitations and pain persist. A 11/12/13 medical report identifies that the patient is 4 months s/p repair left rotator cuff. The patient was feeling good and stronger. Lacking full flexibility. Overall, pain about 3/10. On 9/5/13 therapy report identifies that the patient had not met any goals and 12/5/13 therapy report identified that patient had met from 5% to 80% of documented goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 6 WEEKS LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS

ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114 and on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, and on the MTUS Post-Surgical Treatment Guidelines.

Decision rationale: The patient underwent a large rotator cuff repair and had 20 post-operative sessions completed to date. There is clear indication that the patient has improved with the therapy rendered and there are still goals to be met. The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Given the nature of the surgical procedure, the patient's age, and significant improvement with therapy, continuation of therapy is appropriate to improve function as much as possible. Therefore, the request is medically necessary.