

Case Number:	CM14-0014321		
Date Assigned:	02/26/2014	Date of Injury:	04/15/2012
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 04/15/2012. The listed diagnoses per [REDACTED] are: 1. Right shoulder rotator cuff repair. 2. Biceps tendinitis.

According to the 01/22/2014 progress report by [REDACTED], the patient is status post right shoulder rotator cuff repair and biceps tenodesis on 09/10/2012. The patient continues to complaint of neck and shoulder pain. She reports her symptoms as 2/10. Examination released swelling in the anterior neck with tenderness to palpation. The right shoulder range of motion "had good strength." On 08/06/2013, treater stated patient has "never really recovered well." Examination of the right shoulder revealed tenderness of the AC joint and bicep tendon. The patient has full passive and active range of motion and positive cross-arm adduction and O'Brien test. The treater and patient are considering a revision rotator cuff repair. Request is for additional 2 times a week for 8 weeks physical therapy for the right shoulder/bicep. Utilization review denied the request on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE WEEKLY FOR 8 WEEKS FOR RIGHT SHOULDER/BICEP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic shoulder pain and is status post right shoulder rotator cuff repair. The treater is requesting 2 times a week for 8 weeks physical therapy for the right shoulder and bicep. Medical records provided for review indicate the patient received a short course of 4 physical therapies in January 2013. Utilization review from 01/28/2014 documents that the patient has completed 36 physical therapy sessions, post operatively. The patient is out of the post surgical time frame. For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions over 8 weeks. In this case, the patient received a short course of 4 sessions in January of 2013 and a total of 36 sessions post operatively. It appears the patient has not received much functional improvement from those therapy sessions, as the patient and treater is considering a revision surgery. The additional 16 sessions is not medically necessary and recommendation is for denial.