

Case Number:	CM14-0014339		
Date Assigned:	02/26/2014	Date of Injury:	04/08/2013
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
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 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 injured worker is a 61-year-old male who reported injury on 04/08/2013, secondary to unknown mechanism of injury. The injured worker was evaluated on 12/17/2013 for reports of left shoulder pain and follow-up after rotator cuff repair. The exam noted tenderness to palpation of the left shoulder and range of motion was noted at 90 degrees flexion. The injured worker was evaluated on 01/16/2014 by physical therapy. The injured worker reported feeling much better after surgery, however, was still having pain. The exam noted the left shoulder's range of motion to be at 122 degrees flexion, 75 degrees abduction, 39 degrees external rotation, 43 degrees extension, 10 degrees horizontal adduction. The exam also noted 3-/5 to 4-/5 strength of the left shoulder and scapula, and weakness in the right cuff. The injured worker was evaluated on 01/10/2013 for reports of left shoulder pain and follow-up since shoulder surgery. The exam noted tenderness to palpation and left shoulder range of motion to be at 120 degrees flexion. The diagnoses were noted to include complete rupture of the rotator cuff. The treatment plan included continued physical therapy treatment. The Request for Authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY X 6 RX 01-10-14: 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, PHYSICAL MEDICINE, SHOULDER ROTATOR CUFF,

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

Decision rationale: The request for continued physical therapy x6, prescription 01/10/2014, is non-certified. The guidelines recommend physical therapy after surgery for a total of 24 visits over 14 weeks. The injured worker did have an increase in functional gains from 90 degrees to 120 degrees with the first 12 physical therapy visits. However, the request does not indicate the total duration of the request of 6 sessions or the intended body part for the physical therapy. Therefore, based on the documentation provided, the request continued physical therapy six (6) sessions is not medically necessary and appropriate.