

Case Number:	CM14-0146826		
Date Assigned:	09/12/2014	Date of Injury:	09/14/2009
Decision Date:	11/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 50-year-old male with a date of injury of 09/14/2009. The listed diagnosis is 5 months postop right shoulder rotator cuff repair. According to progress report 07/15/2014, the patient has completed 16 physical therapy visits and is doing well. Examination revealed "right shoulder FF 150, ER 80, IR 60, MMT 4/5." The treater is requesting authorization for physical therapy 3 times a week for 4 weeks to increase ROM and strengthening. Utilization review denied the request on 08/13/2014. Treatment reports from 03/25/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 X 4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS POST-OPERATIVE GUIDELINES Page(s): 26 AND 27.

Decision rationale: This patient is status post right shoulder rotator cuff repair on 02/20/2014. The treater would like additional 12 physical therapy (PT) sessions to increase range of motion and strengthening, per 7/15/14, and the request is still within post-operative time-frame for

therapy. For rotator cuff repair of the Shoulder, the MTUS post-operative guidelines page 26 and 27 recommends 24 sessions. Physical therapy progress report from 07/24/2013, states that the patient has participated in 33 physical therapy sessions in total. However, these treatments were from prior to current shoulder surgery. Review of PT progress reports following the surgery indicates that the patient has had 16 sessions. The treater has asked for 12 additional sessions to continue to work on ROM and strengthening. However, the total allowed following this type of surgery is 24 and the request 12 plus the 16 already received would exceed MTUS recommendations. Therefore, this request is not medically necessary.