

Case Number:	CM14-0151607		
Date Assigned:	09/19/2014	Date of Injury:	05/10/2011
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management, 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 64-year-old male with a date of injury of 05/10/2011. The listed diagnosis per [REDACTED] is "OTH SPEC D/O rotator cuff Syndrome, shoulder." According to progress report 08/27/2014, the patient presents with left shoulder pain. Range of motion is limited to 70 degrees flexion and 50 degrees abduction. There is audible crepitus with passive range of motion of the right shoulder. Right shoulder impingement sign is positive. There was tenderness noted over the anterior and superior aspects of the right shoulder. This patient is status post latissimus dorsi transfer for massive left rotator cuff tear on 03/01/2014. The treater is requesting additional postoperative physical therapy session x12. Utilization Review denied the request on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) Post-Operative Physical Therapy sessions to the Left Shoulder:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Post-surgical Page(s): 26,27.

Decision rationale: This patient is status post left shoulder surgery from 03/01/2014 and continues with limited range of motion and pain. The treater is requesting additional postoperative physical therapy x12 sessions. The MTUS Guidelines for postoperative physical therapy recommends up to 24 sessions following rotator cuff repair/impingement syndrome. The medical file provided for review indicates that the patient has received 25 postoperative physical therapy treatments. In this case, despite 25 post-operative Physical Therapy treatments, the patient continues with limited range of motion and pain. The treater does not explain what can be accomplished with additional therapy and why a transition into a home program is not appropriate. Furthermore, the treater's request for 12 additional physical therapy sessions also exceeds what is recommended by MTUS. Therefore, the request of additional twelve (12) Post-Operative Physical Therapy sessions to the Left Shoulder is not medically necessary and appropriate.