

Case Number:	CM14-0179709		
Date Assigned:	11/04/2014	Date of Injury:	05/27/1994
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 and 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 58-year-old male with a date of injury of 05/27/1994. The listed diagnoses per [REDACTED] are: 1. Status post left shoulder revision rotator cuff repair and acromioplasty. 2. Right shoulder rotator cuff inflammation and tearing. According to progress report 09/22/2014, the patient is status post left shoulder revision rotator cuff repair on 03/05/2014. The patient reports a decrease in pain level but has continued weakness. Examination revealed "excellent passive range of motion, there is mild weakness in the left arm." Treater recommends the patient continue with physical therapy focusing on strengthening. Utilization review denied the request on 10/22/2014. Treatment reports from 06/10/2013 through 10/31/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Shoulder Chapter-Physical Therapy 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 revision rotator cuff repair on 3/5/14 and is progressing well. The treater is requesting additional physical therapy x12. For rotator cuff repair of the shoulder, the MTUS Postoperative Guidelines page 28 and 27 recommends 24 sessions. Review of the medical file indicates the patient participated in 30 postoperative physical therapy sessions between 03/10/2014 and 09/12/2014. The physical therapy treatment report from 07/07/2014 indicates that the patient is progressing well, with good progression of ROM (range of motion). PT progress note 09/12/2014 states "shoulder still hurts, always some aching pain." It was noted that overall, patient was making good progress with increased strength and ROM. Recommendation was for additional PT sessions. This patient has participated in 30 postoperative physical therapy sessions with noted benefits. The physical therapy progress report dated 09/12/2014 notes that the patient met the 12-week goal and was independent with home exercise program. In this case, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as why the patient is not able to transition into a self-directed home exercise program. Recommendation is for denial.