

Case Number:	CM14-0183697		
Date Assigned:	11/10/2014	Date of Injury:	01/04/2013
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 51-year-old male with a 1/4/13 date of injury, and right shoulder subacromial decompression and rotator cuff repair on 1/29/14. At the time (6/25/14) of request for authorization for continued physical therapy for the right shoulder, three times weekly for four weeks, there is documentation of subjective (right shoulder pain radiating to right arm, hand, and fingers) and objective (3/4 right shoulder strength and restricted range of motion due to pain) findings, current diagnoses (right shoulder impingement syndrome and right shoulder full thickness rotator cuff tear), and treatment to date (medications and 24 previous physical therapy treatments). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy for the Right Shoulder, three times weekly for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Rotator Cuff Syndrome/Impingement Syndrome Page(s): 24. Decision based on Non-MTUS

Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, and Section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome and right shoulder full thickness rotator cuff tear. In addition, there is documentation of 24 previous physical therapy treatments which is the limit of guidelines. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy treatments to date. Based on guidelines and a review of the evidence, the request for continued physical therapy for the right shoulder three times weekly for four weeks is not medically necessary.