

Case Number:	CM14-0033982		
Date Assigned:	06/20/2014	Date of Injury:	08/31/2009
Decision Date:	12/26/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 Minnesota. 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 58 year old male who slipped and fell on a 24 foot box truck and caught his left shoulder on a panel on 8/31/2009. He underwent a recurrent rotator cuff repair with biceps tenodesis and subacromial decompression on 11/15/2013. Post-operatively he completed 21 physical therapy sessions. An additional 8 sessions were requested per progress note of 2/9/2014. The note also stated that the left shoulder was doing well. Range of motion was 165/40 and strength 4/5. The plan was additional physical therapy for terminal range of motion. UR modified the request to 3 additional sessions with transition to a home exercise program. The date of UR decision was 3/7/2014. The IMR application is dated 3/11/2014. The medical records also document a subsequent left shoulder surgery consisting of revision repair of the rotator cuff with graft , anterior instability repair, arthroscopic subacromial decompression, lysis of adhesions, debidement and synovectomy on 9/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 per week for 4 weeks (8 sessions) for the left shoulder:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: Post-surgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff repair / acromioplasty. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 12 sessions. With documentation of objective functional improvement a subsequent course of therapy, consisting of up to 12 additional sessions, may be prescribed. If it is determined that additional objective functional improvement can be achieved it may be extended further but not beyond 6 months. The progress notes of 2/9/2014 indicate that the injured worker was doing well. He had completed 21 sessions. Documentation of continuing functional improvement was not submitted. The request for 8 additional sessions was to regain terminal range of motion. UR modified the request to 3 sessions with transition to a home exercise program. The additional 8 sessions as requested exceeded the guidelines and as such is not medically necessary.