

Case Number:	CM14-0039660		
Date Assigned:	06/27/2014	Date of Injury:	11/04/2010
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopaedic 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:

This 54-year-old male landscaper sustained an industrial injury on 11/4/10 when he rotated a cup cutter machine and felt an onset of sharp right shoulder pain with popping sensation. The patient was status post rotator cuff repair on 6/1/11. The 7/5/13 right shoulder MRI impression documented post-surgical changes, tendinosis versus recurrent intrasubstance delamination tear of the supraspinatus tendon, and associated subacromial and subdeltoid bursal distension. The patient underwent right shoulder arthroscopic debridement of the rotator cuff, glenoid labrum, and biceps tendon, subacromial decompression, resection of the coracoacromial ligament and subacromial bursa, and distal clavicle resection on 1/9/14. The 3/10/14 physical therapy progress report documented the patient had completed 10 post-operative visits. Right shoulder range of motion testing documented 123 degrees flexion, 105 degrees extension, 54 degrees external rotation, and 53 degrees internal rotation. There was decreased strength and continued pain with activities of daily living. The 3/13/14 treating physician requested continued post-operative physical therapy. The 3/24/14 utilization review denied the request for physical therapy for the right shoulder. The patient has undergone an extended course of physical therapy, 34 authorized visits, and should be fully versed in home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4WKS RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation ODG Shoulder, Physical Therapy.

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

Decision rationale: MTUS Post-Surgical Treatment Guidelines suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. He has completed the initial 12 post-op visits with residual functional range of motion and strength loss. Continuation of physical therapy within the recommended general course of 24 visits is reasonable to achieve functional treatment goals. Therefore, this request for physical therapy 3 times per week for 4 weeks for the right shoulder is medically necessary.