

Case Number:	CM14-0041241		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2013
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/15/2014

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 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 underlying date of injury in this case is 05/19/2013. The primary diagnosis is a rotator cuff sprain. This patient is status post right shoulder surgery 10/14/2013 and subsequently attended 24 physical therapy visits, achieving range of motion of forward flexion 165 degrees, abduction 160 degrees, and internal rotation to L3 with 4+ strength. On 02/24/2014, the patient was seen in orthopedic followup status post his right shoulder arthroscopic rotator cuff repair of 10/14/2013. The treating orthopedist noted the patient continued to make slow and steady progress with regard to his shoulder and that the patient had a primary complaint of weakness in the shoulder as well as some pain and lack of progression to full range of motion. On physical examination the patient had 0-165 degrees forward flexion, 160 degrees abduction, and internal rotation to L3 as well as muscle testing of 4/5 in all directions. The treating provider recommended additional formal physical therapy. The treating orthopedist noted the patient continued to have deficits in range of motion as well as deficits in strength. The orthopedist felt that more physical therapy was warranted in order to progress the patient to full functional status regarding his shoulder. A statement provided from the patient of 03/14/2014 describes in great detail the physical requirements for his job. The patient requested additional physical therapy in order to further strengthen his shoulder and develop full range of motion before returning to his current work environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Physical Therapy 2 times a week for 6 weeks for the right shoulder: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, section 24.3, page 10, recommends that additional physical therapy may be indicated if the treating physician documents specific functional goals to be achieved through such surgery. In this case, the medical records document that this patient has achieved near normal shoulder range of motion and has good, although not normal, shoulder strength in all directions. The treatment guidelines anticipate that this patient would have transitioned to independent home rehabilitation in this situation. Although the treating physician has identified goals of further improvement in range of motion and strength, it is not apparent from the treating physician notes why such additional improvement in range of motion or strength would require supervised as opposed to independent rehabilitation. The patient has submitted a statement suggesting that his remaining goals relate to very specific work activities, which go beyond the stated goals in the treating physician prescription. If there is concern about the patient's ability to perform particular vocational tasks, then it may be that separate consideration of a work conditioning program may be indicated, or the treating physician may wish to consider an additional traditional physical therapy prescription with specific documentation of goals applicable towards the patient's usual work which cannot be addressed in a home rehabilitation program. At this time, the stated treatment goals per the treating physician do not require additional supervised physical therapy. This request is not medically necessary.