

Case Number:	CM14-0053935		
Date Assigned:	07/07/2014	Date of Injury:	01/25/2012
Decision Date:	12/24/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 52-year-old male with a 1/25/12 date of injury, and arthroscopic right shoulder revision, rotator cuff repair on 8/13/13. At the time (2/25/14) of request for authorization for physical therapy 3 times 6 to right shoulder, there is documentation of subjective (not specified) and objective (decreased right shoulder range of motion with decreased muscle strength) findings, current diagnoses (right rotator cuff sprain and large recurrent rotator cuff tear), and treatment to date (32 sessions of physical therapy treatments and medications). Medical report identifies a request for physical therapy for range of motion exercise, strength exercise, and home exercise instruction. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times 6 to right shoulder: Upheld

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

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 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 a diagnosis of right cubital tunnel syndrome. In addition, there is documentation of status post arthroscopic right shoulder revision, rotator cuff repair on 8/13/13 and 32 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines, functional deficits, and functional goals. However, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, 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 medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 times 6 to the right shoulder is not medically necessary.