

Case Number:	CM14-0058676		
Date Assigned:	07/16/2014	Date of Injury:	03/13/2013
Decision Date:	10/03/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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, has a subspecialty in Interventional Spine 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 case involves a 46 year old female with date of injury 3/13/13. The treating physician report dated 3/17/14 indicates that the patient presents status post right rotator cuff repair of 9/26/13. The physical examination findings reveal forward flexion to 170, abduction to 165 and external rotation to 40 degrees. Muscle strength testing is rated a 4+/5 ER, IR is 4-/5, FF is 4-/5 and abduction is 4-/5. Tramadol has been discontinued and the patient has well healed portals. The work status states that the patient remains off of work. The current diagnosis is a rotator cuff tear. The utilization review report dated 4/4/14 denied the request for physical therapy 12 visits based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 weeks 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: The patient presents 23 weeks post surgical right shoulder rotator cuff repair. The current request is for physical therapy 2 times 6 weeks right shoulder. The MTUS

post surgical guidelines allow 24 PT visits over 14 weeks with a maximum time frame of treatment of 24 weeks. The patient in this case has already completed 24 post surgical PT treatments. The treating physician has failed to document the patient's current level of pain and there is no mention of the previous response to the completed PT treatments. There is no medical documentation to indicate that a new injury has occurred and there is no rationale provided to support additional physical therapy treatments beyond the 24 MTUS post surgical guideline recommended visits. Therefore, the request is not medically necessary.