

Case Number:	CM14-0060226		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2013
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old with a work injury dated 6/6/13. The diagnoses include an 11/1/13 right rotator cuff repair with postoperative arthrofibrosis. Under consideration is a request for physical Therapy three times per week for two weeks. There is a 4/16/14 primary treating physician (PR-2) document that states that the patient has moderate tenderness around the right supra and infraspinatus. There is good range of motion. The document states that the patient is status post rotator cuff repair with improved range of motion and pain. The treatment plan was to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times per week for two weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder Chapter ACOEM 2nd and 9th Edition Occupational Medicine practice.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: Physical Therapy three times per week for two weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is recommended to have up to 24 visits of post op therapy within the 6 month time frame. Furthermore the documentation indicates the patient had some post op arthrofibrosis. Recent documentation indicates that the patient has improved range of shoulder motion and pain. The documentation does not indicate how much therapy the patient has had already postoperatively. The documentation reveals only a limited amount of therapy notes. Without this information further therapy cannot be recommended. Therefore the request for physical Therapy three times per week for two weeks is not medically necessary.