

Case Number:	CM14-0063473		
Date Assigned:	07/11/2014	Date of Injury:	09/13/2012
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old female with a reported date of injury on 09/13/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include full-thickness rotator cuff tear, status post right shoulder arthroscopy with mini open rotator cuff repair, and biceps tenodesis. Her previous treatments were noted to include medications, surgery, and physical therapy. The physical therapy note dated 04/02/2014 revealed the injured worker complained of pain on and off quickly while watching television and indicated she had no pain at that time. The physical therapy noted the range of motion continued to improve. The progress note dated 06/26/2014 indicated the injured worker indicated her range of motion had improved, but continued to suffer from significant weakness and pain. The physical examination revealed well healed anterior incision and arthroscopic portals. The injured worker's range of motion in forward flexion was from 0 degrees to 160 degrees, abduction was from 0 degrees to 160 degrees, and internal rotation to L3. The provider reported she had strength rated 3/5 in all directions including supraspinatus flexion, abduction, internal rotation, and external rotation. Request for authorization form dated 07/01/2014 was for physical therapy 12 sessions for the right shoulder to increase strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: Upheld

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

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

Decision rationale: The request for physical therapy times 12 is not medically necessary. The injured worker has previously received at least 23 visits of physical therapy. The postsurgical treatment guidelines recommend for rotator cuff syndrome/impingement syndrome for arthroscopic surgery, 24 visits over 14 weeks with the postsurgical physical medicine treatment of 6 months. The injured worker is now in the chronic phase and is past the postsurgical phase. The documentation provided included current measurable objective functional deficits; however, there was a lack of quantifiable objective functional improvements and total number of previous physical therapy visits attended. Additionally, there was a lack of documentation regarding exceptional factors to warrant additional physical therapy. Therefore, due to the lack of quantifiable objective functional improvements with physical therapy, an unknown number of previous physical therapy sessions, and the request for 12 sessions exceed guideline recommendations, physical therapy is not warranted at this time. Therefore, the request is not medically necessary.