

Case Number:	CM14-0069092		
Date Assigned:	06/27/2014	Date of Injury:	04/03/2013
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 claimant was injured on 04/03/13 and additional post-op PT was requested for her right shoulder. Surgery (debridement of the biceps tendon and biceps tendon release with arthroscopic rotator cuff repair, distal clavicle resection and subacromial decompression) was done on 11/14/13. On 02/14/14, she was 3 months post surgery and was improving. 6 PT sessions remained. On 03/05/14, the PT progress note indicated she had completed 18 of 20 therapy visits to date. On 03/17/14, she was doing well and had significantly less pain. She had improved range of motion. PT was to continue. She had completed 16 of 24 visits on 04/16/14. On 06/11/14, she saw [REDACTED] and was several months post-op. Flexion was 165, abduction 160, ER 50, IR 40. She had positive impingement and 5/5 abduction/forward flexion strength. Additional PT was recommended for 4 visits 14 weeks on 04/23/14. The request for authorization was received on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post - op Physical Therapy 2X/week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure summary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The history and documentation do not objectively support the request for additional postoperative PT. The MTUS recommend: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months; postsurgical treatment, open: 30 visits over 18 weeks. Postsurgical physical medicine treatment period: 6 months." The claimant has attended post-op PT for what should have been a sufficient number of visits and there is no evidence that she remains unable to continue and complete her rehab with an independent HEP. It is not clear why she requires extensive monitoring of her progress with weekly visits for 4 weeks. There is no indication that continuation of supervised exercises is likely to provide her with significant or sustained benefit that she cannot achieve on her own. Additional PT was recommended about 3 months ago but was recently requested. The medical necessity of this request has not been clearly demonstrated.