MAXIMUS Federal Services

Case Number:	CM14-0071481		
Date Assigned:	07/16/2014	Date of Injury:	06/30/2011
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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, 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 60 year old with a work injury dated 6/30/11.The diagnoses include status post right rotator cuff repair. Under consideration is a request for 12 sessions (2x6 weeks) of post-op PT for the right shoulder. Per documentation the patient has been authorized 36 sessions of physical therapy post rotator cuff repair from 10/30/ 13. A prior UR documentation revealed that a 4/7/14 physical therapy note documented that motion was within normal limits passively. Flexion, external rotation was within normal limits, and internal rotation was to T11 to T10 on the left. The patient's strength was unchanged from 3/31/13 with 3+ flexion, 3 supraspinatus, abduction 4-/5, external rotation 5-/5, and internal rotation 5/5. There is a 7/3/13 AME that revealed the patient had cervical and thoracic spine pain that occasionally radiated down her right arm. The physical exam of the right shoulder revealed no evidence of gross deformity. There was local tenderness to deep palpation at the right anterior acromion. There was no gross wasting was noted of the supra- or infraspinatus musculature. The patient is right handed. The biceps tendon was intact. External rotation, rotator cuff had good strength. There was decreased right shoulder range of motion. There was crepitation noted with abduction. There was a positive impingement test. There was a negative anterior and posterior apprehension test. There was no gross instability. The AME states that the patient was noted to have full range of motion in a right shoulder which has a significant and massive rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS (2X6 WEEKS) OF POST - OP PT FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): p.98-99,Postsurgical Treatment Guidelines.

Decision rationale: 12 sessions (2x6 weeks) of post-op PT for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that she has had 36 visits post operatively for her right shoulder rotator cuff repair. The Post surgical guidelines recommend up to 40 visits for a complete rotator cuff tear and 24 visits for rotator cuff syndrome/Impingement syndrome. It is unclear which surgery the patient has had but either way she has had 36 visits of PT and an additional 12 sessions would exceed guideline recommendations. Furthermore, the documentation does not indicate physical therapy notes with evidence of objective functional improvement. Furthermore, the most recent documentation does not indicate significant limitations on physical exam that require a formal supervised therapy program. The patient should be well versed in a home exercise program by now. The request for 12 sessions (2x6 weeks) of post-op PT for the right shoulder is not medically necessary.