

Case Number:	CM14-0086416		
Date Assigned:	07/23/2014	Date of Injury:	04/07/2010
Decision Date:	09/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery 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 is a 54-year-old female who sustained a vocational injury on 04/07/10. The records provided for review document that the claimant underwent repeat arthroscopic rotator cuff repair in November, 2013. The office note dated 07/10/14 documented that the claimant attended 12 sessions of physical therapy postoperatively and was noted to have decreased range of motion, muscle atrophy and weakness. Examination on 07/10/14 identified atrophy of the deltoid musculature, shoulder forward flexion on the right was 90 degrees and the left was 160 degrees. Abduction on the right was to 110 degrees and to 160 degrees on the left. External rotation of the right was to 20 degrees and to the left at 40 degrees. Internal rotation on the right was to 40 degrees and the left side at 60 degrees. There was a positive impingement sign and slight weakness with resisted external rotation and abduction. This request is for six sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy treatment, for right shoulder, 2 times a week for 3 weeks, QTY: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines support 24 visits of physical therapy over 16 weeks following arthroscopic rotator cuff repairs, 30 visits over 18 weeks for open rotator cuff repairs and 40 visits over 16 weeks following repairs of a complete rupture of the rotator cuff. California Postoperative Treatment Guidelines note that the timeframe for completing this therapy should be six months from surgical intervention. At this time the claimant is nearly nine months post surgery and the medical documentation fails to establish that the claimant made significant quantifiable objective functional and vocational progress with previous sessions of formal physical therapy. The claimant has currently exceeded the timeframe for which formal physical therapy should be undertaken. There is a lack of documentation or barriers in place as to why the claimant could not proceed for transition to a home exercise program. Therefore, based on the lack of documentation of functional improvement and in accordance with California Postsurgical Treatment Guidelines, the request for the six sessions of physical therapy for the right shoulder following rotator cuff repair in November of 2013 cannot be considered medically necessary.