

Case Number:	CM14-0099494		
Date Assigned:	07/28/2014	Date of Injury:	03/25/2013
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 injured worker is a 51 years old female with date of injury on 3/25/13 with rotator cuff tear on the right side, S/P arthroscopic repair on 09/27/14. She is noted to have been complaining of shoulder pain radiating to her fingers. She has approximately received 36 post-op physical therapy visits. On 2/3/14, a physical therapy note indicated: Right shoulder ROM: flexion 155, abduction 110, IR 55, ER 65 - Left shoulder ROM: flexion 180, abduction 180, IR 85, ER 80. Muscle strength was 4/5 in flexion / abduction, 5/5 in IR / ER. Diagnosis: S/P arthroscopic repair of rotator cuff tear / sprain. Plan: request for authorization for additional 8 PT visits which has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: As per the MTUS Chronic Pain Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. The ODG for shoulder post-arthroscopy allow 24 PT visits over 14 weeks. The MTUS Chronic Pain Guidelines allow for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has already received 36 PT visits, exceeding the number of allowed PT visits per Guidelines recommendation. This injured worker should have been well-versed in a home exercise program to address residual complaints, and maintain functional levels. Additionally, there is no mention of any specific reason for additional PT, such as new injuries or revision of surgery. As such, the request is not medically necessary and appropriate.