

Case Number:	CM14-0100966		
Date Assigned:	09/12/2014	Date of Injury:	10/23/2012
Decision Date:	01/22/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Practice and is licensed to practice in New Jersey & New York. 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 67 year-old male who was injured on 10/23/12. He complained of right shoulder pain. On exam, he had a tender acromioclavicular joint and limited range of motion. MRI showed acromioclavicular arthrosis, down sloping anterolateral acromion, and a small full-thickness tear of the rotator cuff with slight retraction. He was diagnosed with right shoulder pain, right shoulder rotator cuff tear, and cervical spine pain and degenerative disc disease. He had moderate hypertrophic changes of the cervical spine with discogenic disease. He had right shoulder arthroscopy with intra-articular debridement of torn rotator cuff and subacromial decompression on 2/27/14. He had post-operative rehabilitation, medications, steroid injections, and home exercise program. Eighteen sessions were authorized. The current request is for 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:

Physical Therapy (3x week/6 weeks, 18 Total Visits): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient had an arthroscopic repair of right torn rotator cuff and subacromial decompression in 2/2014. He was authorized for 18 physical therapy visits but it is unclear how many were completed, if any at all. According to MTUS guidelines, 24 visits over 14 weeks with a 6 month treatment period were recommended post-operatively for a right shoulder rotator cuff repair. Given that the patient's pain continues, it would be beneficial for the patient to have physical therapy. Therefore, the request is medically necessary.