

Case Number:	CM14-0190729		
Date Assigned:	11/24/2014	Date of Injury:	07/01/2011
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Minnesota. 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 56 year old female injured on 7/1/2011 while lifting a client onto a toilet seat. There is a history of a widespread pain syndrome involving the spine and extremities. She underwent open repair of a massive rotator cuff tear of the right shoulder with acromioplasty on 4/29/2014. She attended 36 physical therapy sessions but remained limited with regard to the right shoulder. Per progress notes flexion was 90 degrees bilaterally and abduction was 90 degrees on the left and 75 degrees on the right. On 10/10/2014 she had spasms in the thoracic and lumbar area. The disputed request pertains to additional 12 physical therapy visits. A Utilization Review modified the request to 6 additional visits with transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy three times a week for four weeks (3x4) right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The post-surgical treatment guidelines for a rotator cuff repair and acromioplasty indicate 24 visits over 14 weeks. The post-surgical physical medicine period is 6 months. The documentation indicates a surgery date of 4/29/2014. 36 sessions were completed and 6 more authorized to transition to a home exercise program. There is no documentation of continuing objective functional improvement. Therefore the requested additional physical therapy visits 3 x 4 exceed the guidelines and were not medically necessary.