

Case Number:	CM14-0197906		
Date Assigned:	12/08/2014	Date of Injury:	01/28/2014
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 41-year-old female with a 1/28/14 date of injury. According to a progress report dated 11/5/14, the patient was seen for a follow up about four months after left shoulder arthroscopy with suture anchor repair of rotator cuff defect after debridement of focal calcific tendinitis. She indicated that her authorized physical therapy visits have been exhausted, and the recent request for additional visits was denied by a physician reviewer. It is noted that 12 sessions of additional post-op physical therapy had been authorized in a UR decision dated 8/28/14. Objective findings: well-healed arthroscopy portals noted in left shoulder, mild tenderness to palpation at the greater tuberosity of left shoulder, no crepitus with range of motion, limited range of motion of left shoulder. Diagnostic impression: calcific tendinitis of left shoulder, rotator cuff defect after debridement of calcific tendinitis of left shoulder. Treatment to date: medication management, activity modification, surgery, and physical therapy. A UR decision dated 11/14/14 denied the request for additional physical therapy. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines support up to 24 visits over 14 weeks postsurgical treatment of rotator cuff syndrome. However, in the present case, this patient has apparently completed 12 sessions of post-surgical physical therapy. There is no documentation of objective functional gains or improvement in activities of daily living. In addition, there is no discussion regarding the transition to an independent home exercise program. Therefore, the request for Additional physical therapy 2 times a week for 6 weeks was not medically necessary.