

Case Number:	CM14-0203010		
Date Assigned:	12/15/2014	Date of Injury:	08/14/2005
Decision Date:	01/31/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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 66 year old male worker who experienced pain in his shoulders after moving boxes on and off conveyor belts. The date of injury was August 14, 2005. Diagnoses include right shoulder rotator cuff tear, left shoulder rotator cuff tear and lumbar discogenic disease. He was treated with surgery (right and left shoulder, 2006), medications, and physical therapy. On June 3, 2014, notes stated that the injured worker had been getting more and more ongoing pain in his shoulders with weakness and inability to move his arms in a proper fashion. Physical examination of the shoulders included loading pain with Hawkins' maneuver moving the arm in and out with obvious impingement. He could abduct his arms 80 degrees and extend his arms 80 degrees. An MRI showed definite rotator cuffs bilaterally in left and right shoulders. Treatment plan included physical therapy, right shoulder injection, right shoulder surgery, and medications. A request was made for additional physical therapy 3x4 weeks for the right shoulder. He later had repair of his right recurrent rotator cuff tear (6/6/14). After completing an unknown number of physical therapy sessions after his surgery, and in November/2014, a request for additional physical therapy was submitted by the worker's shoulder surgeon, but no progress note with supportive information as a basis for this request was included in the documents available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, three times a week for four weeks for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that after a rotator cuff repair surgery, up to 24 supervised physical therapy sessions may be completed over 14 weeks. In the case of this worker, there was at least 12 sessions prescribed at the time of the surgery, however, there was no documentation found in the notes available for review disclosing how many sessions were completed. There was a brief report of physical therapy helping, but this was not quantified in functional measurements for the reviewer. Also, there was no documentation (progress note) from the requesting physician from around the time of the request in November/2014 about five months after the surgery (beyond the recommended 14 week post-surgical time span) which might have helped to explain the reasoning for additional supervised physical therapy. Therefore, without evidence and explanation suggesting the worker could not perform home exercises without supervision, the requested additional physical therapy sessions will be considered medically unnecessary.