

Case Number:	CM14-0209087		
Date Assigned:	12/22/2014	Date of Injury:	06/18/2013
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, 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 (IW) is a 47-year-old man with a date of injury of June 18, 2013. The mechanism of injury is not documented in the medical record. The IW is status post right shoulder arthroscopy with subacromial decompression and arthroscopic rotator cuff repair of a large full-thickness rotator cuff tear on April 4, 2014. Pursuant to the progress note dated November 13, 2014, the IW is 7 months postoperative from the right rotator cuff repair. He has completed 14 of 16 physical therapy sessions and is currently on light duty at work. He reports slow but sure improvement. He reports increased pain with activity. There are no reports of upper extremity neurovascular complaints. Examination of the right shoulder reveals some deficits in range of motion, especially to full abduction and internal rotation. Neurovascular exam is normal. The biceps and triceps strength is normal. The treating physician reports he will request an addition 8 sessions of physical therapy for a total of 24 sessions, however, the request for authorization states physical therapy 2 times a week for 8 weeks (16 sessions). The current request is for physical therapy to the right shoulder 2 times a week for 8 weeks (16 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 16 additional physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The official disability guidelines enumerate the frequency and duration of physical therapy. Guidelines authorize 24 physical therapy sessions over 14 weeks for post-surgical arthroscopic surgery of the shoulder. In this case, the injured worker underwent a right shoulder arthroscopy with subacromial decompression, full thickness rotator cuff repair and suture bridge technique repair. The injured worker started the first set of eight physical therapy sessions on May 5, 2014. A progress note dated November 13, 2014 indicates the injured worker completed 14 out of 16 physical therapy sessions. The treating physician requested an additional 16 physical therapy sessions. Arthroscopic rotator cuff repair may receive 24 physical therapy sessions over 14 weeks under the guidelines. The request exceeds the recommended guidelines and, consequently, 16 additional physical therapy sessions are not medically necessary. There were no exceptional factors noted. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, 16 additional physical therapy sessions are not medically necessary.