

Case Number:	CM14-0209603		
Date Assigned:	12/22/2014	Date of Injury:	10/22/2004
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old female with a work injury dated 10/22/04. The diagnoses is a full thickness tear of the supraspinatus tendon (per MRI dated 4/7/11). Under consideration is a request for post-operative Physical Therapy 2 x 12 weeks- left shoulder. Per documentation a progress note dated 11/4/14 states that the patient suffered bilateral shoulder trauma while working as a baker and performing heavy lifting. The patient continued to have shoulder pain about the left shoulder with clicking, catching, and pain with overhead activities. The right shoulder had multiple surgeries without significant improvement. The exam revealed a positive impingement and Neer test. The abduction was 140 and flexion 120 degrees with weak abduction. The patient has failed conservative treatment including physical therapy and steroid injections for the shoulder. The request for a left shoulder arthroscopic repair and pre op medical clearance were approved. Under consideration is a request for post op physical therapy 2 x 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 2 x 12 weeks- left 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: Post-operative Physical Therapy 2 x 12 weeks- left shoulder is not medically necessary as written per the MTUS Post Surgical Guidelines. The guidelines recommend up to 40 visits for a complete rotator cuff tear. The request as written exceeds the recommended amount for this condition. The MTUS Post surgical guidelines recommend an initial course of therapy meaning one half the number of visits specified in a general course of a specific surgery with additional surgery prescribed if there is objective evidence of functional improvement. The request as written for post operative physical therapy 2 x 12 weeks left shoulder is not medically necessary.