

Case Number:	CM15-0005482		
Date Assigned:	01/16/2015	Date of Injury:	01/20/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male sustained an industrial injury to the right shoulder on 1/20/14. Magnetic resonance imaging of the right shoulder (2/13/14) showed a full thickness tear of the supraspinatus tendon. The injured worker underwent right shoulder arthroscopy, subacromial decompression, distal clavicle excision and rotator cuff repair on 7/13/14. Other treatment included physical therapy and medications. In a PR-2 dated 12/9/14, the injured worker complained of mild intermittent to moderate occasional right shoulder pain and discomfort. The injured worker stated that he started strengthening in physical therapy but was still feeling weakness in the shoulder. Physical exam was remarkable for right shoulder with tenderness to palpation and decreased range of motion. Current diagnoses included right rotator cuff injury and right long head of biceps tendon tear. The treatment plan included continuing physical therapy two times a week for four weeks for strengthening. On 12/17/14, Utilization Review non-certified a request for Additional Physical Therapy 2 x 4 to the right shoulder, noting the number of physical therapy sessions already completed and citing ACOEM and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the 12/17/14 Utilization Review letter, the additional postsurgical PT x8 requested on the 12/09/14 medical report was denied because the patient had 24 sessions of PT and there was no ROM measured. The 12/09/14 medical report indicates the patient underwent right shoulder arthroscopic subacromial decompression, distal clavicle excision and rotator cuff repair on 7/31/14. He is reported to be improving post surgically and has loosened work restrictions, but still has decreased motion. MTUS/Postsurgical Treatment Guidelines for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12) shows the general course of care for Postsurgical treatment, arthroscopic is 24 visits over 14 weeks; and the Postsurgical physical medicine treatment period is 6 months. MTUS/Postsurgical Treatment Guidelines, subsection (c)3 states: 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. The patient has completed the general course of care, 24 visits of physical therapy for the rotator cuff repair. The physician states there has been improvement with reduced pain, improved motion, and lightened work restrictions, but there is still room for improvement, and the patient is still in the postsurgical physical medicine treatment period. The request for additional PT appears to be in accordance with subsection (c)3 of the MTUS postsurgical treatment guidelines. The request for Additional physical therapy 2x4 to the right shoulder IS medically necessary.