MAXIMUS Federal Services

Case Number:	CM15-0100575		
Date Assigned:	06/03/2015	Date of Injury:	06/15/2014
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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:

The injured worker (IW) is a 56-year-old female who sustained an industrial injury on 06/15/2014. Diagnoses include right shoulder rotator cuff strain, fluid-filled intrasubstance tear of the supraspinatus tendon and calcification above the greater tuberosity (right shoulder). MRI of the right shoulder on 10/22/14 showed fluid-filled intrasubstance tear of the supraspinatus tendon with extension to both articular surfaces without any other evidence of overall retraction of the tendons. Treatment to date has included medications, activity modification, physical therapy and right shoulder cortisone injection. According to the Initial Report dated 3/16/15, the IW reported constant aching neck pain radiating to the right shoulder and forearm with associated numbness and tingling of the right upper extremity rated 8/10. She also had right shoulder pain rated 8/10, that decreased to 1/10 with medication. Mid back pain was also constant and rated 6/10. She reported low back pain, 8/10, that was intermittent, aching, and radiated to the lower extremities with numbness and tingling. On examination of the right shoulder, the acromioclavicular joint, coracoid process, coracoacromial ligament, long head of the biceps and all areas of the shoulder joint were tender to palpation. Neer's and Hawkins signs were positive as well, with range of motion markedly reduced. There was hypoesthesia at the C7 and C8 dermatomes on the right. A request was made for 14 post-operative physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 post operative physical therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months.

Decision rationale: Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. Although there are no updated reports of PT being started or clear measurable evidence of progress with the PT treatment perhaps already rendered including milestones of increased ROM, strength, and functional capacity, the initial course of 12 post-op PT visits was medically indicated and appropriate for recovery as part of the functional restoration process and was modified from 14 sessions requested. Upon evidence of progress, utilization can review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals. The 14 post operative physical therapy sessions for the right shoulder is medically necessary and appropriate.