

Case Number:	CM15-0135345		
Date Assigned:	07/23/2015	Date of Injury:	05/05/2014
Decision Date:	08/20/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 64 year old male who sustained an industrial injury on 05/05/2014. Mechanism of injury occurred while working as a recycling technician. Diagnoses include right shoulder rotator cuff tear, and subscapularis tear, status post right shoulder biceps tendon repair, supraspinatus repair and subscapularis repair. Treatment to date has included diagnostic studies, medications, surgery, and physical therapy. A physician progress note dated 06/25/2015 documents the injured worker complains of pain in the right shoulder which he rates as 1 out of 10. On examination, there is mild tenderness in the right shoulder. Right shoulder range of motion is flexion 150 degrees, abduction 150 degrees and external rotation at 90 degrees. There is normal strength, sensation and reflexes. He has had 11 out of 16 physical therapy treatments. Treatment requested is for additional post-operative physical therapy for the right shoulder Qty: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post op physical therapy for the right shoulder Qty: 8: 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: The claimant sustained a work-related injury in May 2014 and underwent an arthroscopic rotator cuff repair of a massive tear with subacromial decompression in January 2015 followed by 8 post-operative physical therapy treatments. When seen, there had been significant improvement. There was normal strength and nearly normal range of motion. There was shoulder tenderness. Additional physical therapy was requested. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the claimant has had physical therapy and has done well. There is normal strength and nearly normal range of motion. Compliance with a home exercise program would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of a home pulley system for range of motion. The number of visits requested is in excess of might be needed to finalize the claimant's home exercise program. The requested additional physical therapy was not medically necessary.