

Case Number:	CM15-0136292		
Date Assigned:	07/24/2015	Date of Injury:	01/18/2012
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 63-year-old female who sustained an industrial injury on 1/18/12, relative to cumulative trauma injuries. The 5/14/14 right shoulder ultrasound study revealed a partial thickness rotator cuff tear and autologous chondrocyte implantation joint degenerative joint disease. She underwent right shoulder arthroscopy and debridement of rotator cuff and SLAP tears with Mumford procedure on 4/15/15. Records documented that 12 initial post-op physical therapy sessions were certified. The 4/28/15 treating physician report indicated the injured worker had just begun therapy. Range of motion of the right shoulder was decreased and she was wearing a sling. Continuation of post-op physical therapy was recommended. The 6/18/15 treating physician report cited frequent moderate right shoulder pain and stiffness, and difficulty sleeping. She reported limited range of motion in extension and abduction and muscle weakness. She had completed 12 physical therapy sessions. Physical exam documented tenderness and spasms over the trapezius muscles, periscapular muscles, and tenderness over the supraspinatus tendon. Range of motion testing documented flexion 172, extension 30, abduction 170, adduction 78, internal rotation 70, and external rotation 70 degrees. Additional post-operative therapy was requested for 8 sessions, 2x4. The 7/2/15 utilization review non-certified the request for additional post-op physical therapy as there was insufficient documentation of functional improvement to warrant continuation of the general course of post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 8 sessions: Overturned

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 California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. 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. Guideline criteria have been met. This injured worker presented 2 months status post right shoulder rotator cuff and SLAP tear repair. She had attended 12 visits of physical therapy with good progress in range of motion and residual complaints of weakness. This request is consistent with the general course of treatment. Therefore, this request is medically necessary.