

Case Number:	CM15-0144102		
Date Assigned:	08/05/2015	Date of Injury:	05/01/2010
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 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 is a 52 year old male, who sustained an industrial injury on 5-1-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder surgical rotator cuff repair. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-23-2015 and physical therapy update on 7-16-2015, the injured worker complains of sharp pain in the left shoulder. Physical examination showed decreased left shoulder range of motion. The treating physician is requesting Physical Therapy, Left Shoulder, 2 times weekly for 6 weeks, 12 sessions, solidify home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder, 2 times wkly for 6 wks, 12 sessions, solidify home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

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

Decision rationale: The patient presents with continued right shoulder pain with some stiffness and weakness. The current request is for 12 session of physical therapy for the left shoulder. UR modified the request to physical therapy for two times a week for two weeks. Patient has previously been certified for 36 post-operative physical therapy sessions. Patient is post left shoulder arthroscopic SAD, Mumford procedure, Rotator Cuff tear repair, 2/20/15. The treating physician states on 6/18/15 (25B) "Still within healing range and the shoulder range and strength have improved since the last visit. Therefore, I would recommend continued physical therapy to regain the remainder of his internal and external rotation and stretching exercises and continue cuff strengthening." MTUS Post Surgical Treatment Guidelines state, "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months." The Post Surgical MTUS Guidelines recommend a total of 24 post surgical treatments over 14 weeks. In this case, the patient was previously approved for 36 post-operative physical therapy sessions. The request for an additional 12 sessions would exceed the MTUS recommend number of 24 total sessions for this diagnosis. Additionally, the clinical records reviewed do not provide any compelling reason to perform additional PT or documentation as to why a home exercise program has not been established. The current request is not medically necessary.