

Case Number:	CM15-0164300		
Date Assigned:	09/01/2015	Date of Injury:	10/29/2013
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 68 year old female, who sustained an industrial injury on October 29, 2013. The injured worker was diagnosed as having rupture of right rotator cuff and right shoulder arthroscopic decompression, rotator cuff repair and distal clavicle resection. Treatment to date has included surgery, physical therapy, home exercise program (HEP) and medication. A progress note dated July 22, 2015 provides the injured worker reports slow improvement after right shoulder surgery on March 24, 2015. She rates her pain 6 out of 10 and difficulty raising it above shoulder level. She has completed her physical therapy. Physical exam notes decreased range of motion (ROM). The plan includes medication and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) postoperative physical therapy sessions for the right shoulder per 07/22/2015 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Review indicates the patient underwent shoulder arthroscopic rotator cuff repair on 3/24/15, over 6 months ago. The provider noted on 7/22/15, the patient has just completed the postoperative PT course with shoulder doing better and was performing home exercise. There is no report documenting total quantity of PT rendered, any noted postop complications, nor what specific functional benefit was attained. The provider noted PT can take up to a year from date of surgery. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has completed post-op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks (3-1/2 months). However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals to support for an additional 18 PT sessions without extenuating circumstances beyond guidelines criteria. The Eighteen (18) postoperative physical therapy sessions for the right shoulder per 07/22/2015 order is not medically necessary or appropriate.