

Case Number:	CM15-0181879		
Date Assigned:	09/23/2015	Date of Injury:	10/01/2013
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 61 year old male who sustained an industrial injury on 10-1-13. Diagnoses include right shoulder high grade partial versus small full thickness rotator cuff tear; right shoulder partial biceps tendon tear and upper border subcapsularis tendon tear; right shoulder stiffness and weakness; right shoulder acromioclavicular osteoarthritis; left shoulder impingement syndrome and mild acromioclavicular osteoarthritis; status post right shoulder arthroscopic rotator cuff repair. He currently (8-28-15) complains of bilateral shoulder pain, right greater than left. He is attending physical therapy and his pain is much improved. Pain level was not enumerated. On physical exam of the right shoulder, there was a healing incision with no signs of infection. Per the 9-1-15, physical therapy note the injured worker has had 18 visits with slow improvement and does not seem to be compliant with his home exercise program, needs strengthening. Diagnostics included right shoulder MRI (7-3-14) showing rotator cuff tear; MRI of the left shoulder (7-3-14) showing mild tendinosis of the rotator cuff. Treatments to date include right shoulder arthroscopic rotator cuff repair (5-19-15); sling; physical therapy with good progress. In the progress note dated 8-28-15 the treating provider's plan of care included a request for physical therapy 2 times per week for the next 6 weeks. The request for authorization was for physical therapy for the right shoulder twice per week for six weeks and was dated 8-31-15. On 9-4-15 Utilization Review evaluated and non-certified the request for post-operative physical therapy to the right shoulder twice per week for six weeks and modified the request to six visits based on MTUS post-surgical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the right shoulder, two (2) times a week for six (6) weeks, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent an arthroscopic right rotator cuff repair with subacromial decompression and open biceps tenodesis on 05/19/15. One month after surgery he was referred for physical therapy and, as of 08/25/15, he had completed 16 postoperative treatments. When seen, he was doing well overall with much improved pain. He was attending physical therapy and making good progress. Physical examination findings included decreased shoulder range of motion. Authorization was requested for additional physical therapy. He was continued at temporary total disability. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.