

Case Number:	CM15-0194392		
Date Assigned:	10/08/2015	Date of Injury:	09/04/2014
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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 50 year old male, who sustained an industrial injury on 9-4-14. The injured worker is being treated for right impingement shoulder syndrome, right rotator cuff tear and status post right shoulder arthroscopy with rotator cuff repair and biceps tenodesis. Treatment to date has included physical therapy, home exercise program and activity modifications. On 8-3-15 and 9-10-15, the injured worker reports decreased pain and increased range of motion of right shoulder and mild diffuse pain with certain movement and weight bearing. Work status is noted to be modified duty. Physical exam performed on 8-3-15 and 9-10-15 revealed tenderness to palpation at acromioclavicular joint, well healed incision, full range of motion with pain and slightly decreased strength of supraspinatus muscles. The treatment plan included request for authorization for 6 additional visits of physical therapy. On 9-17-15 request for 6 additional physical therapy visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension post operative physical therapy right shoulder - 6 visits: 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: Review indicates the patient is s/p shoulder arthroscopy on 6/4/15 with post-op PT. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has been authorized 24 authorized post-op PT visits without specific demonstrated clinical deficits or functional limitations to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a rehab period. The patient has full passive shoulder range with 4+-5/5 motor strength and negative orthopedic testing to support further therapy as the patient should have been transitioned to an independent home exercise program. There is no ADL limitations noted or extenuating circumstances to allow for further therapy beyond guidelines criteria. The Extension post operative physical therapy right shoulder - 6 visits are not medically necessary or appropriate.