

Case Number:	CM15-0204414		
Date Assigned:	10/21/2015	Date of Injury:	05/02/2011
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 62 year old female, who sustained an industrial injury on 7-8-2012. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for status post arthroscopic rotator cuff repair and biceps tenotomy on 7-1-2015. The injured worker (7-20-2015) reported ongoing right shoulder pain, which was moderate. The physical exam (8-13-2015) reveals nicely healing right shoulder incisions, minimal swelling of the shoulder, and some ecchymosis in the biceps area. The injured worker (8-13-2015) reported ongoing right shoulder pain that was mild with movement. The physical exam (8-13-2015) reveals nicely healed right shoulder incisions, active and passive external rotation is 25 degrees, and limited passive forward flexion is 130 degrees due to pain. The injured worker (9-14-2015) reported ongoing right shoulder pain with rare numbness or tingling in the fingertips in the mornings. The injured worker reported increased pain recently that she attributed to physical therapy. The physical exam (9-14-2015) reveals nicely healed right shoulder incisions, active and passive external rotation is 30 degrees, and limited passive forward flexion is 140-150 degrees due to pain. Treatment has included at least 8 sessions of physical therapy, work restrictions, a shoulder immobilizer-sling, home exercises, off work, and pain medication. The treatment plan includes completing her remaining sessions of physical therapy plus an additional 8 sessions of post-op physical therapy. Per the treating physician (9-14-2015 report), the injured worker's work status includes no use of the right upper extremity. On 9-16-2015, the requested treatments included an additional 8 sessions of post-op physical therapy for

right shoulder. On 9-25-2015, the original utilization review non-certified a request for an additional 8 sessions of post-op physical therapy for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy for right shoulder Qty. 8: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009.

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

Decision rationale: Review indicates the patient is s/p arthroscopic rotator cuff repair and biceps tenotomy on 7-1-2015. Report from the provider on 9/14/15 noted the patient having increased pain while participating in PT and was finishing the remaining PT sessions of 14/20 sessions to date. Exam showed continued symptoms with slow progress in shoulder range. The patient remained on unchanged restrictions of no use of right extremity and appears to be off work. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 20 post-op PT visits certified; however without specific demonstrated evidence of functional improvement to allow for additional 8 therapy treatments for a total of 28 PT session which is beyond guidelines criteria. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a rehab period. However, there is no clear measurable evidence of significant 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, and work status with report of increased pain with PT. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Additional post-op physical therapy for right shoulder Qty. 8 is not medically necessary and appropriate.