

Case Number:	CM15-0020533		
Date Assigned:	02/11/2015	Date of Injury:	09/08/2013
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 9/8/2013. The diagnoses have included cervical radiculopathy and right full thickness rotator cuff tear. Treatment to date has included cervical epidural steroid injection (ESI) and physical therapy (September 2014-January 2015). The injured worker underwent arthroscopic assisted rotator cuff repair with CA ligament release, partial bursectomy and acromioplasty of the right shoulder on 11/11/2014. According to the progress report dated 1/8/2015, the injured worker was two months postoperative rotator cuff repair. She was progressing with therapy. Physical exam showed fairly good fluid movement. Recommendation was to progress with her therapy program for further range of motion and a continued slow progressive strengthening program. The physical therapy note dated 1/5/2015 documented that the injured worker needed assistance with hair and pulling clothes overhead. She complained of 8-9/10 constant pain. The injured worker tolerated the treatment intervention with mild complaints of pain. The plan was to continue with the current rehabilitation program. On 1/15/2015, Utilization Review (UR) non-certified a request for additional physical therapy two times a week for six weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and shoulder pain and physical therapy and pg 26.

Decision rationale: According to the guidelines, post-arthroscopic rotator cuff surgery repair allows for up to 24 visits over 14 weeks of post-operative therapy. In this case, the claimant had received 15 sessions of therapy. Twelve more sessions would exceed the guideline recommendations. In addition, there was no indication of the claimant's inability to perform home exercises. The request for 12 more sessions of physical therapy is not medically necessary.