

Case Number:	CM15-0035537		
Date Assigned:	03/04/2015	Date of Injury:	02/08/2013
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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: Internal Medicine

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 male who sustained an industrial injury on 2/8/13. The injured worker reported symptoms in the right shoulder. The diagnoses included pain in joint, shoulder region. Treatments to date include physical therapy status post rotator cuff repair. The treating physician did not include a progress note in the provided documentation. On 2/12/15 Utilization Review non-certified the request for Physical therapy 2 times a week for 6 weeks for the right shoulder. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy over 14 weeks are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The operative report dated 08-21-2014 documented the performance of arthroscopic distal clavicle excision, debridement of the glenohumeral joint, biceps tenotomy, and subacromial decompression. The diagnoses were right shoulder acromioclavicular joint arthritis, impingement with rotator cuff tear with partial thickness tear of the supraspinatus, tearing of the superior labrum, near full thickness tear of the of the long head of the biceps tendon. The physical therapy progress report dated 10/17/14 documented the recommendation for a continued course of physical therapy two times a week for six weeks, indicating the completion of a previous course physical therapy. Physical therapy progress reports document that the patient received physical therapy in October, November, and December 2014. The physical therapy progress report dated 1/2/15 documented a request for a continued course of physical therapy two times a week for six weeks. The physician's progress report dated 12/08/15 documented forward range of motion of 130 degrees and external rotation of 50 degrees. The physician's progress report dated 1/30/15 documented forward range of motion of 115 degrees and external rotation of 60 degrees. The patient was slowly improving. The treatment plan was to continue physical therapy two times a week for another six weeks. MTUS Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. The patient had received physical therapy in October 2014, November 2014, December 2014, and January 2015. The patient has completed over 24 visits of physical therapy. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The physician's progress report dated 1/30/15 did not document functional improvement. The request for 12 additional PT physical therapy visits exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy two times a week for six weeks (12) for the right shoulder not medically necessary.