

Case Number:	CM15-0056604		
Date Assigned:	04/01/2015	Date of Injury:	08/09/2010
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 41 year old male, who sustained an industrial injury on August 9, 2010. He reported left shoulder and left neck pain. The injured worker was diagnosed as having left shoulder rotator cuff tear, left shoulder biceps tendon tear and subscapularis tear, status post left shoulder arthroscopic rotator cuff repair and biceps tenodesis and left shoulder post-operative adhesive capsulitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of left shoulder and neck pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 5, 2015, revealed continued pain as noted. Additional physical therapy of the left shoulder was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks, total of 18 sessions for the left 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. 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 primary treating physician's progress report dated 2/2/15 documented the left shoulder demonstrated full range of motion with normal motor strength. The primary treating physician's progress report dated 1/5/15 documented that left shoulder arthroscopic rotator cuff repair surgery was performed on 8/20/14. The patient had completed 12 visits of physical therapy. The patient had completed 11 of 12 of a second course of physical therapy. The 1/5/15 progress report indicated that the patient had completed 23 visits of post-operative physical therapy. Physical examination of the left shoulder demonstrated full range of motion with normal motor strength. MTUS Postsurgical Treatment Guidelines indicate that for rotator cuff repair, 24 visits of postsurgical physical therapy are recommended. The 1/5/15 progress report indicated that the patient had completed 23 visits of post-operative physical therapy. Therefore, the request for 18 additional visits of physical therapy exceed MTUS Postsurgical Treatment Guidelines, and is not supported. Therefore, the request for 18 additional physical therapy visits for the left shoulder is not medically necessary.