

Case Number:	CM15-0088985		
Date Assigned:	05/13/2015	Date of Injury:	10/15/2013
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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 63 year old female who sustained an industrial injury on 10/15/2013. Her diagnoses, and/or impressions, are noted to include: right shoulder/upper arm strain; cervical strain; muscle spasms; and full-thickness rotator cuff tear (supra-spinatus) with possible biceps tendon. Recent magnetic imaging studies of the right shoulder are noted on 3/16/2015. Her treatments have included pre-operative clearance for 5/1/2015 surgery; rest from work; and medication management. Progress notes of 3/23/2015 included neck pain and inability to sleep. The objective findings were noted to include shooting pain to the right shoulder/neck, and painful range-of-motion. The physician's requests for treatments were noted to include post-operative physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical therapy evaluation, right shoulder per 4/20/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder, Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical

treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months.

Decision rationale: The provider has requested for shoulder revision surgery with post-operative care to include concurrent PT along with aquatic therapy. The aquatic therapy 3x/wk for 4 weeks was approved by UR; however, there is no indication or medical necessary for concurrent land therapy when pool therapy was authorized. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. Although there are no updated reports of PT being started or clear measurable evidence of progress with the PT treatment perhaps already rendered including milestones of increased ROM, strength, and functional capacity, the initial course of 12 post-op therapy visits was medically indicated and appropriate for recovery as part of the functional restoration process. Upon evidence of progress, utilization can review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post operative Physical therapy evaluation, right shoulder per 4/20/2015 order is medically necessary and appropriate.