

Case Number:	CM13-0034925		
Date Assigned:	12/11/2013	Date of Injury:	03/05/2006
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old female with a date of injury on 03/05/2006. The UR recommendation dated 9/19/2013 is for modification of a request for 24 post-operative PT sessions for the right shoulder, as submitted by [REDACTED], to 8 sessions, based on the patient's already received 36 PT sessions. [REDACTED]' progress report for 08/12/2013 lists the patient's diagnosis as status post left CMC arthroplasty with carpal tunnel release in August 2012 and status post right shoulder repeat rotator cuff repair and biceps tenotomy, synovectomy glenohumeral joint on 4/15/13. The patient complains of moderate pain in her right shoulder and is continuing with physical therapy. Objective findings showed range of motion of 80 degrees of abduction, 85 degrees of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy to the right shoulder (24 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with chronic shoulder pain, having underwent 2 surgical repair of the rotator cuff. The patient's second surgery was on 04/15/2013. This patient

has had 36 sessions of postoperative therapy by the time the request for an additional 24 sessions was reviewed by UR. No physical therapy reports were provided for review. According to the available documentation, the patient has had 36 sessions of postoperative therapy, with additional 8 sessions that were modified from the request for 24 sessions. Furthermore, the treater's progress note from July, August, and September would show no significant improvement in terms of patient's range of motion. As of 09/11/2013, range of motion of the shoulders stood at 80 to 85 degrees per abduction and flexion. Postsurgical MTUS, page 26 and 27, addresses the shoulder postoperative physical therapy. For complete rupture of rotator cuff, postsurgical treatment is 40 visits over 16 weeks. Postsurgical physical medicine treatment period is 6 months. In this patient, 36 sessions were already provided. Additional sessions beyond those already provided are not consistent with MTUS recommendations. The current request for an additional 24 sessions would exceed what is recommended by MTUS for postsurgical care of a complete rupture of the rotator cuff.