

Case Number:	CM14-0125898		
Date Assigned:	08/13/2014	Date of Injury:	11/20/2013
Decision Date:	10/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/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:

This is a 65-year-old male with a 11/20/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/23/14, the patient was seen for follow-up of right shoulder rotator cuff repair performed on 2/15/14. He continued to complain of bilateral shoulder pain after he slipped and fell at work. Objective findings: painful range of motion of right shoulder, crepitance to motion of left shoulder, painful range of motion of left shoulder, no evidence of shoulder instability. At this time, the provider is requesting authorization for left shoulder arthroscopic versus open rotator cuff repair. Diagnostic impression: bilateral shoulder rotator cuff tear status post right shoulder open repair. Diagnostic impression: rotator cuff tear of the left shoulder status post right shoulder rotator cuff repair. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 7/31/14 denied the request for post op physical therapy 2xWk x 4 Wks bilateral shoulders. This request is for bilateral shoulder physical therapy and the patient is post operative right shoulder open rotator cuff repair performed on 2/15/14. The request is partially certified for postoperative physical therapy 2 times a week times 4 weeks for the left shoulder post arthroscopic with open rotator cuff repair and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post OP Physical Therapy 2xwk x4wks Bilateral Shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient is status post right shoulder rotator cuff repair performed on 2/15/14. He has completed a significant amount of post surgical physical therapy for the right shoulder, without documentation of functional gains. According to the report dated 7/23/14, the provider has requested left shoulder arthroscopic surgery. However, since it is unknown if the request for surgery has been authorized at this time, this subsequent post operative request cannot be substantiated. Therefore, the request for Post OP Physical Therapy 2xwk x4wks Bilateral Shoulders was not necessary.