

Case Number:	CM14-0130627		
Date Assigned:	08/20/2014	Date of Injury:	04/22/2011
Decision Date:	09/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 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:

The patient is a 57-year-old male with a date of injury of 04/22/2011. The listed diagnoses per [REDACTED] are: 1. Bilateral shoulder rotator cuff tear, massive. 2. History of right shoulder rotator cuff repair and biceps tenodesis on 02/08/2013, progressing well. 3. Left shoulder status post arthroscopic debridement of massive rotator cuff tear which is retracted on 03/28/2014. According to progress report 07/10/2014, the patient is status post left shoulder diagnostic and operative arthroscopy on 03/28/2014. Provider notes patient is progressing through range of motion which has improved. Physical examination revealed patient has forward flexion and abduction of 170 degrees, internal rotation is to T12, manual testing is 3/5. Provider states patient continues to make slow and steady progress with physical therapy, and he is requesting additional 12 sessions, 2 times a week for the next 6 weeks. Utilization review denied the request on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy 2 times a week for 6 weeks, left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation, Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical) Page(s): 26, 27.

Decision rationale: This patient is status post left shoulder diagnostic and operative arthroscopy on 03/28/2014. The provider states the patient is progressing well and has made slow and steady progress with physical therapy. He recommends additional 12 sessions 2 times a week for the next 6 weeks as the patient has "not yet reached the plateau and warrants more formal physical therapy." The MTUS Postsurgical Guidelines pages 26 and 27 recommend 24 visits over 14 weeks for arthroscopic surgery. Review of the medical file indicates the patient received a total of 24 postoperative physical therapy sessions ending on 07/09/2014. In this case, the provider does not discuss why the patient would not be able participate in a home exercise program to manage residual symptoms following surgery. Furthermore, the requested additional 12 sessions combined with the 24 already received, exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.