

Case Number:	CM14-0141075		
Date Assigned:	09/10/2014	Date of Injury:	11/29/2012
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 and 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 48 year old female with an injury date of 11/29/12. The 08/11/14 progress report by [REDACTED] states that the patient presents with slow improvement to pain following surgery. An examination reveals pain to palpation of the anterior joint line. The wound is essentially healed and her strength is 3/5 to external rotation and abduction. The 03/18/14 operative report provides the following postoperative diagnoses following a full-thickness repair of the rotator cuff; right shoulder rotator cuff tear; labral tear; impingement syndrome and acromioclavicular joint arthritis. The patient's diagnosis is post right shoulder rotator cuff repair (03/18/14), acromioclavicular joint decompression, subacromial decompression and labral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 wks: Upheld

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

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

Decision rationale: The patient presents with slowly improving pain status postoperative rotator cuff repair 03/18/14. The physician requests for 12 sessions of physical therapy (3x4 weeks). The

MTUS guidelines state that post-surgical treatment for Rotator-cuff syndrome/Impingement syndrome is 24 visits over 14 weeks. For complete rupture of the rotator cuff 40 visits over 16 weeks are allowed. The physician states on 08/11/14 that the patient has made excellent improvement but has not obtained full range of motion. Additional therapy was recommended, but specific objective goals were not discussed. Physical therapy reports provided show the patient received 34 sessions between 04/01/14 and 08/26/14. Pain is documented to have improved from 8/10 to 7/10 (worst) and 3/10 (best). In this case, however; another 12 sessions combined with the 34 visits the patient has already received exceeds what is allowed per MTUS above. Therefore, the request is not medically necessary.