MAXIMUS Federal Services

Case Number:	CM14-0143092		
Date Assigned:	09/10/2014	Date of Injury:	10/28/2013
Decision Date:	10/27/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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 claimant injured his right shoulder on 10/28/13. Twelve additional postop PT sessions are under review. He underwent arthroscopic surgical repair of a massive rotator cuff tear on 02/04/14. Postoperatively he completed 32 sessions of PT as of 07/25/14. He made slow progress and there do not appear to have been any missed appointments. On 08/06/14, when he saw the surgeon he had active forward elevation to 120, abduction to 80 plus, external rotation to 40 and internal rotation to the mid lumbar level. Passively he could elevate almost 130 with abduction to almost 90 and strength was 4+/5 globally. He was making gains and more PT was ordered. Of note on 06/06/14, his progress in therapy indicated the following: Active range of motion: Flexion 150, abduction 140, internal rotation to L5, external rotation 50; passive range of motion: Flexion 160, abduction 150, internal rotation 70, external rotation 70. He had tenderness of the right shoulder and still had functional difficulties. His range of motion was significantly reduced when he saw the provider on 08/06/14. He had decreased range of motion and this does not appear to be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST SURGICAL PHYSICIAL THERAPY SESSIONS 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for additional postop PT for 12 visits. The MTUS recommend for "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." The claimant has attended a reasonable number of postop PT visits and over time, there is evidence that he was regressing. His findings on 08/06/14 indicate his range of motion had decreased compared to about two months before. This appears to have occurred despite therapy that continued at least until 07/25/14 but has not been addressed in the records. It is not clear that additional PT is likely to provide significant or sustained benefit to the claimant. There is no clinical evidence that he remains unable to continue and complete his rehab with an independent HEP since his surgery occurred over 8 months ago. There is no indication that continuation of supervised exercises is likely to provide him with significant benefit that he cannot achieve on his own. The medical necessity of this request has not been clearly demonstrated.