

Case Number:	CM14-0147278		
Date Assigned:	09/15/2014	Date of Injury:	09/18/2012
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 31-year-old male, who has submitted a claim for right shoulder rotator cuff tendonitis associated with an industrial injury date of 09/18/2012. Medical records from 2014 were reviewed and it showed that the patient underwent diagnostic/operative arthroscopy, arthroscopic decompression, resection of the coracoacromial ligament, arthroscopic extensive subacromial and subdeltoid bursectomy, glenohumeral joint debridement, debridement of labrum and labral fraying, debridement of partial rotator cuff tear, and removal of loose intra-articular sutures, dated 04/11/2014. The patient completed 22 sessions of postoperative physical therapy starting on 05/01/2014. An evaluation dated 08/22/2014, showed that the patient has made some progress with range of motion and pain is minimal. Patient is also able to do most activities of daily living. Physical examination revealed slight limitations in range of motion. Treatment to date has included oral medications, surgery and physical therapy. Utilization review from 08/22/2014 modified the request for Physical therapy 2x6, right shoulder to 2 sessions of physical therapy to the right shoulder in order to instruct patient and start a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 6 weeks, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated in the Post-surgical Treatment Guidelines, 24 visits over 14 weeks of postoperative physical therapy is recommended for rotator cuff and impingement syndrome. In this case, patient underwent diagnostic/operative arthroscopy, arthroscopic decompression, resection of the coracoacromial ligament, arthroscopic extensive subacromial and subdeltoid bursectomy, glenohumeral joint debridement, debridement of labrum and labral fraying, debridement of partial rotator cuff tear, and removal of loose intra-articular sutures, dated 04/11/2014. He has had 22 physical therapy sessions postoperatively. The patient has showed significant improvement, showing functional improvement and pain relief. As mentioned above, the recommended number of physical therapy (PT) visits can be up to 24 sessions. However, the requested additional 12 PT visits exceed guideline recommendation given that patient already completed 22 sessions. There is no discussion concerning need for variance from the guidelines. Therefore, the request for additional physical therapy 2 times a week for 6 weeks, right shoulder is not medically necessary.