

Case Number:	CM14-0215857		
Date Assigned:	01/05/2015	Date of Injury:	02/09/2013
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 59-year-old man with a date of injury of February 9, 2013. The mechanism of injury occurred while pushing a wheelbarrow full of dirt. The wheelbarrow became stuck in the dirt as the IW forcefully pushed it, causing significant pain to the right shoulder. The injured worker's working diagnoses are massive right shoulder rotator cuff tear; status post right shoulder rotator cuff repair; and status post right subpectoralis biceps tendodesis. The IW underwent arthroscopy right shoulder, with complex rotator cuff repair with interval slide procedure on June 24, 2014. Prior treatments have included 19 session post-op physical therapy, sling, rest, pendulum exercises, and medications. Pursuant to the progress note dated November 11, 2014, the IW is slightly improved according to the documentation. The IW reports the current pain level is 2/10. It is made better by rest, and increases with movement. Examination of the right shoulder reveals range of motion in flexion is 120 degrees, and external rotation is 70 degrees. There is tenderness to palpation over the anterior shoulder and subacromial space. Strength is 5/5. The treating physician notes the injured worker's "range of motion is excellent improvement with substantial improvement in his rotator cuff strength". The IW will work on a strengthening program. The plan was to continue physical therapy. Physical therapy visit #13, dated November 5, 2014, appears to be the most recent available for review. According to UR documentation, the IW has completed 19 sessions to date. The physical therapist reports the IW was making good progress and had been instructed on a home exercise program. The current request is for additional post-op physical therapy, twice a week for 4 weeks to the right shoulder, per 11/11/14 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy, twice weekly for 4 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG - Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional post-operative physical therapy two times per week for four weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker working diagnoses are massive right shoulder rotator cuff tear; status post right shoulder rotator cuff repair; and status post right subpectoralis biceps tendodesis. The IW underwent arthroscopy right shoulder, with complex rotator cuff repair with interval slide procedure on June 24, 2014. Prior treatments have included 19 session post-op physical therapy, sling, rest, pendulum exercises, and medications. According to the utilization review the injured worker has completed 19 sessions of physical therapy today. The physical therapist reports the injured worker was making good progress and had also been instructed on a home exercise program. Physical therapy visit number #13, dated November 5, 2014, was the most recent available for review. The guidelines indicate when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There were no compelling/exceptional facts documented in the medical record to warrant additional physical therapy in excess of that recommended by the guidelines. The guidelines recommend 24 physical therapy sessions for post-operative rotator cuff repair (arthroscopic repair). The injured worker received 19 sessions to date. The treating physician requested an additional 8 sessions of PT. This is an excess of the recommended 24 according to the Official Disability Guidelines. Consequently, absent compelling clinical documentation to support ongoing physical therapy along with a request in excess of the guideline recommendations (24 sessions), additional postoperative visible therapy two times per week for four weeks to the right shoulder is not medically necessary.