MAXIMUS Federal Services

Case Number:	CM14-0218160		
Date Assigned:	01/07/2015	Date of Injury:	08/17/2014
Decision Date:	03/05/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 59 year old male truck driver injured at work when he lifted up a box of pallets and pulled his left shoulder. His date of injury was August 17, 2014. Diagnoses include rotator cuff syndrome NOS and biceps tendon rupure. On September 24, 2014, MRI of the left shoulder confirmed a tear of the long head of the bicep tendon. On October 1, 2014, he underwent arthroscopic rotator cuff repair, arthroscopic distal clavicle resection and arthroscopic extensive debridement of the glenohumeral joint of the left shoulder. On November 18, 2014, physical examination revealed slight restriction of range of motion of the left shoulder. There was mild impingement with mild positive Hawkins and Neer test. Treatment modalities included physical therapy and home exercise. A request was made for physical therapy quantity 18. On December 23, 2014, utilization review denied the request based on the MTUS guideline for only 24 physcial thearpy sessions in the post-operative time period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Qty: 18: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48-9, 204-5, 210-1,Chronic Pain Treatment Guidelines Physical Medicine Page(s): Part 1 pg 10-11, 21; Part 2 pg 98-9.

Decision rationale: Therapy can be active or passive. Physical therapy is an active therapy directed towards specific goals of improving mobility and function while decreasing pain. It is done both in the Physical Therapist's office and at home and is more likely to result in a return to functional activities than passive therapies. With goal directed physical therapy the resultant benefit after arthroscopic surgical repair of rotator cuff, as specified in the MTUS, should be apparent by 24 sessions within the 14 weeks post-surgery period. However, if still needing physical therapy at that point in the patient's care the treatment standard returns to the non-surgical 24 visit limitation [for chiropractic, occupational and physical therapys] as per the MTUS. The provider notes the improvement in functioning the patient has experienced with the help of physical therapy and his evaluation now that the patient is in past the post surgical stage recognizes a need for further physical therapy. This request for continued physical therapy is consistent with the MTUS guidelines. Medical necessity for continued physical therapy has been established.