

Case Number:	CM15-0127102		
Date Assigned:	07/13/2015	Date of Injury:	10/08/2014
Decision Date:	08/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Physical Medicine & Rehabilitation

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 was a 45 year old male, who sustained an industrial injury, October 8, 2014. The injured worker previously received the following treatments 24 sessions of physical therapy, right rotator cuff repair and home exercise program. The injured worker was diagnosed with right rotator cuff repair on February 19, 2015. According to progress note of May 27, 2015, the injured worker was seeing the physician for a three month follow-up from right shoulder rotator cuff repair surgery. The injure worker had no specific complaints. The physical exam noted there right shoulder wounds were clean and dry, without erythema or drainage. There was decreased range of motion. The neurovascular testing was intact. The injured worker had continued weakness. The physical therapy note of May 8, 2015, the injured worker was 70% independent of activities of daily living and lifting above the head was 10%. The injure worker was back to work with modified duties. The treatment plan included physical therapy phase III-3 months of postoperative right shoulder surgery for range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy phase III-3 months post-op times 12 for (R) shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: The patient presents with right shoulder joint pain. The request is for Physical Therapy Phase III-3 months post-op times 12 for (R) shoulder. The request for authorization is dated 05/27/15. The patient is status post right shoulder rotator cuff repair, 02/19/15. Physical examination reveals wounds clean and dry without erythema or drainage, Decreased range of motion, Neurovascular intact, continued weakness. Per progress report dated 05/27/15, the patient is on modified duty. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Per progress report dated 05/27/15, treater's reason for the request is "for ROM." In this case, given the patient's condition, additional course of physical therapy would be indicated. MTUS recommends up to 24 visits within the post-operative time frame of 6 months. Per physical therapy daily note dated 05/27/15, treater notes, "This is visit # 24, awaiting further authorization. Although the patient is within the post-operative time frame of 6 months, the request for 12 additional visits of physical therapy would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.