

Case Number:	CM15-0090369		
Date Assigned:	05/14/2015	Date of Injury:	12/13/2013
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 (IW) is a 64-year-old male who sustained an industrial injury on 12/13/2013. He reported pain in the right shoulder. The injured worker was diagnosed as having right rotator cuff tear. Treatment to date has included a surgical repair of the right rotator cuff with post-operative physical therapy. Currently, the injured worker complains of pain with any movement of the shoulder. He does have an active range of motion flexion to 150 degrees, abducted external rotation to 80 degrees and abducted internal rotation of 45 degrees. External rotation with elbow to his side is to 50 degrees. He has painful end points range of motion. Additional post-op physical therapy, twice weekly for the right shoulder (12) is ordered with the intention of strengthening his shoulder.

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 the right shoulder (12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 26-27.

Decision rationale: The patient presents with right shoulder. The request is for ADDITIONAL POST-OP PHYSICAL THERAPY, TWICE WEEKLY FOR THE RIGHT SHOULDER (12). The request for authorization is not provided. The patient is status-post right shoulder rotator cuff repair, 01/13/15. Physical examination of the right shoulder shows well-healed incision sites. He does have painful end points and winces with end point range of motion. He has been improving his range of motion and states that over the last 2 weeks he has made big progress in his physical therapy. He is just now starting to do some strengthening in PT. He continues to have pain when he does any movement of his shoulder, but really has been able to advance his overall range of motion. The patient's work status is not provided. 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 04/16/15, treater's reason for the request is "He is improving with physical therapy. I would like him to continue working with focused range of motion and can start strengthening as well." In this case, given the patient's condition, additional course of physical therapy would be indicated. However, per UR letter dated 05/19/15, patient has already attended 24 post-op sessions of physical therapy between 02/2015 - 05/2015. The request for 12 additional sessions of physical therapy would exceed what is recommended by MTUS for post-op conditions. Therefore, the request IS NOT medically necessary.