

Case Number:	CM15-0098189		
Date Assigned:	05/29/2015	Date of Injury:	01/01/2005
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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, Pain Management

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 62-year-old female, who sustained an industrial injury, January 1, 2005. The injured worker previously received the following treatments right shoulder arthroscopy on April 14, 2013, right shoulder surgery on August 7, 2014, postoperative physical therapy, Celebrex, Dilacor, Flexeril, Hydrocodone, Lopressor, Norco, Nortriptyline, Restoril and Zantac. The injured worker was diagnosed with status post right shoulder revision rotator cuff repair, extension debridement, revision acromioplasty and revision in lateral scar. According to progress note of April 20, 2015, the injured workers chief complaint was loss of range of motion to the right shoulder. The right shoulder surgery was on August 7, 2014. The injured worker responded well to physical therapy, On January 23, 2015, physical therapy had stopped and the injured worker lost some of the progress. The physical exam noted the right shoulder forward elevation was 115 degrees, external rotation was 30 degrees and internal rotation was to L5. The rotator cuff strength was 4 out of 5. The right shoulder was negative for impingement signs. According to the physical therapy note of March 12, 2015, there was increased crepitus in the shoulder and bicep was more painful, question a rupture. The injured worker was only 40% of planned function improvement after 26 physical therapy visits. The progress note stated the injured worker was independent with home exercise program after week one. At week six the injured worker was at 90% full range of motion. The injured worker was independent with activities of daily living, continued to have problems with carrying, moving and handling objects with the hand and arm. The treatment plan included right shoulder physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: In the case of this request, the patient has undergone right shoulder surgery to address a rotator cuff issue. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of physical therapy. The patient has had rotator cuff surgery on August 7, 2014. The submitted medicals indicate the patient has had at least 26 sessions of PT. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there is no documentation of any extenuating circumstance such as re-injury to warrant extension of formal physical therapy post-operatively. The patient appears to be capable of self-directed home exercises. This request is not medically necessary at this time.