

Case Number:	CM14-0004554		
Date Assigned:	02/05/2014	Date of Injury:	01/05/2012
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 record notes a 57-year-old individual with a date of injury of January 5, 2012. A progress note dated January 23, 2013 is provided for review in support of the above noted request indicating that the claimant continues to have pain. Physical examination evidences no deformity of the shoulder. Abduction is to 100 degrees, forward flexion is to 100 degrees, internal rotation is to the hip. Tenderness is present to palpation of the rotator cuff and AC joint. Apprehension sign, Neer sign, and Hawkin's tests are all positive. Physical therapy was recommended, as well as pharmacotherapy and modified duty. A progress note from November 22, 2013 references a diagnosis of: 1) Right rotator cuff tear, surgery 4/1/13, and 2) A left SLAP tear. A prior request for 12 sessions of physical therapy for the right shoulder two times a week for six weeks as an outpatient was previously non-certified on December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 OUTPATIENT PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER 2 TIMES A WEEK FOR 6 WEEKS: 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.

Decision rationale: California guidelines support the start of physical therapy in select clinical settings following rotator cuff repair, providing for a fading of treatment frequency in preparation for transition to a home exercise program. The guideline recommendation for the number of visits is 24-40, depending on details of the surgical intervention provided. The postsurgical treatment is six months. The record indicates a date of surgery of April 1, 2014. When "additional therapy" is recommended, the guidelines require objective documentation evidencing functional improvement with the prior session provided. The record provides no documentation of the number of visits completed to date, or objective documentation evidencing functional improvement was obtained with the prior session provided. In the absence of this documentation, as required by the guidelines, this request is recommended for non-certification.