

Case Number:	CM14-0103829		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2013
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 59-year-old male who sustained an industrial injury on 09/18/13. The patient is status post full thickness rotator cuff repair, subacromial decompression, extensive intra-articular debridement, and an intra-articular injection on 11/13/13. The patient had been authorized 60 postoperative physical therapy sessions to date. According to 07/08/14 progress note, the patient had been doing PT and was making slow, but steady gains in his strength. He had been denied further PT. His biggest difficulty currently was horizontal abduction, reaching back behind his back and from the overhead position, which was a movement with his arm that he often used while working. On exam, he continued to have weakness in the right shoulder, but full range of motion. There was palpable radial pulse. Diagnosis was right shoulder irreparable rotator cuff tear. Plan was to request authorization for gym membership to do his outpatient PT. Previous UR request for Physical Therapy 2 x 4 Right Shoulder was authorized on 01/22/14, 02/10/14, 03/25/14, 04/18/14 and 05/23/14. Previous UR request for - Physical Therapy 3 x 4 Right Shoulder was authorized on 04/11/14 and 06/10/14. The request for Physical Therapy 2 x 4 Right Shoulder was denied on 06/26/14 as it exceeds the ODG recommended guidelines of 40 post op PT visits for torn rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks and shoulder post-arthroscopy, allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the IW has had extensive post-surgical physical therapy. There is no record of any progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is not medically necessary or appropriate in accordance with the guidelines.