

Case Number:	CM14-0156726		
Date Assigned:	09/26/2014	Date of Injury:	09/30/2013
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 female who reported an injury on 09/30/2013. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnosis included status post rotator cuff repair. The injured worker's past treatment included a home exercise program, physical therapy, and medications. Her diagnostic exams included an MRI of the right shoulder performed on 01/09/2014. The injured worker's surgical history included a right arthroscopic rotator cuff repair performed approximately 04/2014. On 07/28/2014, the injured worker complained of right shoulder pain associated with a recent rotator cuff repair. The physical exam revealed active elevation to the right shoulder of only 100 degrees and passively 140 degrees. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consists of continuation of at least 12 more physical therapy visits and an additional 6 to continue her course. The rationale for the request is that the injured worker has slow progress due to the significant delay in her rehab assignments. The Request for Authorization form was not submitted.

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 3 times per week for 4 weeks for the right shoulder:
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): 27.

Decision rationale: The request for additional post-op physical therapy 3 times per week for 4 weeks for the right shoulder is not medically necessary. The Post-Surgical Treatment Guidelines recommend physical therapy for the treatment of an arthroscopic rotator cuff repair. The amount of therapy recommend is 24 visits over 14 weeks, with evidence of increased functional improvement and decreased pain. Based on the clinical notes, the injured worker received an unspecified amount of physical therapy following her right shoulder rotator cuff repair on 04/2014. There were no recent physical therapy notes to evaluate the efficacy of this treatment. On 07/28/2014, a physical exam of the right shoulder revealed a decrease in range of motion. The range of motion values included 100 degrees of elevation actively and 140 degrees passively. Also, the clinical notes failed to identify any inabilities to perform activities of daily living and a quantitative pain score. Although, the injured worker continued to have decrease range of motion and discomfort, the guidelines recommend additional physical therapy only if there is objective measurable outcomes that indicate that progress is being made in therapy. Therefore, due to an absence of documentation indicating the total number of physical therapy sessions following the right shoulder surgery; quantitative measurable outcomes from the therapy, and objective evidence that the injured worker had significant improvements in functionality and pain, the request is not supported. Thus, the request for additional post-op physical therapy 3 times per week for 4 weeks for the right shoulder is not medically necessary.