

Case Number:	CM13-0011602		
Date Assigned:	09/20/2013	Date of Injury:	05/24/2012
Decision Date:	02/11/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of May 24, 2012. A utilization review determination dated July 17, 2013 recommends, noncertification for right shoulder postoperative physical therapy. The report states, "the surgical procedure is not medically necessary therefore the post op PT for the right shoulder 2X6 is not medically necessary." A utilization review determination dated August 12, 2013 recommends certification for 12 physical therapy sessions postoperatively. A progress report dated June 24, 2013 identifies subjective complaints stating that the patient fell on the stairs at work and landed on her right knee with immediate right knee pain. Current complaints include medial right knee pain associated with swelling, locking, and crunching. Physical examination identifies no effusion in the right knee, reduced quadriceps strength, and patellofemoral crepitus with tenderness in the medial and lateral patellar facets. The note goes on to state, "right shoulder surgery will be scheduled pending authorization." Diagnoses include right patellofemoral syndrome, extreme obesity, and right rotator cuff impingement and AC joint arthrosis, pending surgery. The note indicates that the patient will be undergoing a surgical procedure for her right shoulder complaints. An Agreed Medical Evaluation dated April 22, 2013 states, "at the time of my evaluation, it did not appear that any type of acute surgery was necessary for the right upper extremity, right lower extremity, or left lower extremity."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two (2) times a week times six (6) weeks for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for postoperative physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines go on to recommend a maximum of 24 visits over 14 weeks for postoperative therapy for the diagnosis of rotator cuff syndrome/impingement syndrome. Within the documentation available for review, it appears that 12 postoperative physical therapy sessions were authorized on August 12, 2013. There is no statement indicating what the outcome of those 12 postoperative physical therapy sessions was. There is no documentation of objective functional improvement as a result of that therapy, or ongoing objective treatment goals that could not be addressed with an independent program of home exercise. Additionally, there is some question as to whether the surgical procedure itself is medically necessary. In the absence of clarity regarding those issues, the currently requested postoperative physical therapy is not medically necessary.