

Case Number:	CM13-0022584		
Date Assigned:	07/02/2014	Date of Injury:	07/16/2012
Decision Date:	12/31/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Medicine and is licensed to practice in California 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:

This is a 67 year old male patient who sustained an injury on 7/16/2012. The current diagnosis includes status post right shoulder rotator cuff repair, subacromial decompression, distal clavicle resection and biceps tenodesis. Per the physical therapy note dated 6/26/2013, physical examination revealed full range of motion right and the left shoulder, 4/5 strength in external rotation and flexion, and 4+/5 in abduction strength. Per the doctor's note dated 8/09/14, he had 60-65% improvement in his shoulder. Physical examination revealed normal motion with painful arc and tenderness over the deltopectoral groove and acromioclavicular joint and posterior aspect of the shoulder. The medication list was not specified in the records provided. He has undergone right shoulder rotator cuff repair, subacromial decompression, distal clavicle resection and biceps tenodesis on 1/15/2013. He has had 36 post operative physical therapy visits for this injury as of 6/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98, Postsurgical Treatment Guidelines.

Decision rationale: The twelve additional physical therapy (PT) visits for the right shoulder were requested in 8/2013. California MTUS post-surgical guidelines recommend up to 24 post-operative visits over 14 weeks for this surgery. Per the records provided patient had already had 36 post-operative physical therapy visits following right shoulder surgery. The requested additional visits in addition to the previously rendered PT sessions were more than recommended by the cited criteria. The right shoulder surgery was done in 1/2013. The pt had already passed the post-surgical period when the 12 additional PT visits were requested in 8/2013. Per California MTUS post-surgical guidelines, "If post-surgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. In addition per the cited guidelines "Patient education regarding post-surgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation could not be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of additional physical therapy for the right shoulder (12 sessions) was not fully established for this patient.