

Case Number:	CM13-0030260		
Date Assigned:	11/27/2013	Date of Injury:	08/22/2011
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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, and is licensed to practice in Maryland. 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 patient is a 46 year old injured worker who sustained a work injury on August 22, 2011. Diagnosis included right shoulder tendinosis, bursitis, impingement syndrome, and right shoulder rotator cuff tear. An MRI of the right shoulder performed on February 7, 2013 revealed full thickness tear of the distal aspect, mid to anterior supraspinatus tendon, measuring up 10x10 mm, and AP and 15 mm medial-lateral. Small tendon stumps are attached to the lateral aspect of the footprint. This tear is largest at medial-lateral dimension and its posterior aspect. Mild to moderate attenuation of the posterior supraspinatus and anterior infraspinatus tendons, and is consistent with chronic partial tear involving half the tendon thickness. Evaluation of the patient also concluded, minimal supraspinatus and infraspinatus muscle atrophy, minimal glenohumeral joint effusion, and mild acromioclavicular osteoarthritis. The clinical documentation indicates that the patient is status post right shoulder decompression as of March 4, 2013. Eighteen sessions of physical therapy sessions were authorized on March 18, 2013 and on May 31, 2013; [REDACTED] requested the continuous for twelve physical therapy sessions. The utilization review dated August 30, 2013, indicated in the nurse case summary notes that the patient had 24 certified post-operative physical therapy sessions. According to the exam dated August 28, 2013, the patient complains of pain in the right shoulder and arm, reporting pain to be 5 out of 10 based on the VAS scale, which has decreased from 6 out of 10 from the last visit. The right shoulder has a grade 2 tenderness to palpation, which has decreased from grade 3 on last visit. There is restricted range of motion and the Supraspinatus test is positive for the right arm. The patient does report decreased pain and tenderness with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, twice a week for four 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 Postsurgical Treatment Guidelines Page(s): 1, 11, 12, 27.

Decision rationale: The Post Surgical Guidelines indicates that a patient can have up to 40 post surgical visits over 16 weeks. Documentation submitted for review indicates that the patient already had 27 physical therapy visits. Furthermore, there is no evidence of significant functional improvement or evidence of extenuating circumstance that would require additional therapy of 2 times per week for four weeks to the right shoulder. Postsurgical guidelines state: "If postsurgical 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". The request for post-operative physical therapy, twice a week for four weeks, for the right shoulder, is not medically necessary and appropriate.