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| Case Number: | CM13-0033252 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 04/17/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Occupational Medicine 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. 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 claimant was injured on 11/06/12 and she is status post arthroscopic shoulder surgery on 05/07/13 for rotator cuff and SLAP(superior labrum anterior posterior) lesion repairs and acromioplasty and also attended 12 postop physical therapy (PT) sessions as of 09/27/13. As of 07/17/13, a PT note indicated she had full range of motion but she did not maintain it. On 09/27/13, a PT note indicates she had completed 26 visits. She reported no pain and her motion was full and easy. She had met some goals (including AROM and decreased pain and home exercise program (HEP) instruction) and nearly met (90% strength and tolerating activities of daily living (ADLs)). A utilization review modified a request for additional postop PT to 12 visits as per the CA MTUS Postsurgical Guidelines following shoulder arthroscopic surgery. The request for 16 additional visits is under review by IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2XWK X8WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 28.

Decision rationale: The history and documentation do not objectively support the request for 16 additional postop PT(Physical Therapy) sessions. As of 09/20/13, after 24 visits the claimant had no shoulder pain and full and easy motion and had met some goals (pain level, range of motion) and nearly met others (90% strength and ability to do ADLs) and her findings were similar on 09/27/13. Page 11 of the MTUS states "(4) Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals.... There is no evidence of guideline outlier status or any evidence that she remained unable to continue and complete her rehab with an independent home exercise program after 24 visits as the guidelines recommend. There is no indication that continuation of supervised exercises for a more extensive period of time was likely to provide her with significant or sustained benefit that she could not achieve on her own. The medical necessity of this request has not been clearly demonstrated. Therefore, the request for Post-operative physical therapy 2 times a week for 8 weeks is not medically necessary and appropriate.