Case Number:	CM13-0046033		
Date Assigned:	12/27/2013	**Date of Injury:**	01/31/2012
Decision Date:	04/18/2014	**UR Denial Date:**	10/23/2013
Priority:	Standard	**Application Received:**	11/12/2013

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 Orthopedic Surgery, 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 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 patient is a 54-year-old female housekeeper who sustained an industrial injury on 1/31/12. The mechanism of injury is not documented. She underwent right shoulder arthroscopy rotator cuff repair on 5/31/13. Post-operative physical therapy was provided by the treating chiropractor for a total of 22 visits as of 10/7/13. Records indicate that the patient was also treating for a diagnosis of thoracic sprain/strain, lumbosacral sprain/strain, and rib fracture, and had an abscess on her abdomen, positive for MRSA. The 9/9/13 chiropractic progress report cited a 50% reduction in right shoulder pain post-operatively and improved range of motion. Right shoulder range of motion was documented as flexion 142 degrees and abduction 120 degrees. The 10/7/13 progress report documented right shoulder pain 5/10. Shoulder range of motion was documented as flexion 148 degrees with difficulty, abduction 160 degrees, and external rotation 35 degrees. The chiropractor documented slower than anticipated improvement of the right shoulder and requested additional post-surgical therapy 2x4. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The MTUS Postsurgical Guidelines relative to rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guidelines recommend that therapies be focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guideline criteria have not been met for physical therapy treatment beyond the general course of therapy. There is no documentation of progressive functional benefit with the 22 visits provided or residual functional deficits to be addressed with continued physical therapy. Functional assessment and treatment goals are not documented consistent with the Guidelines. Progression of treatment procedures to an active program and instruction in a home exercise program are not documented, as anticipated by Guideline standards. Therefore, this request for additional post-operative physical therapy sessions two times per week for 4 weeks for the right shoulder is not medically necessary and appropriate.