MAXIMUS Federal Services

Case Number:	CM13-0054701		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2010
Decision Date:	03/17/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 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:

This is a 54-year old patient with a date of injury on 6/10/10. The patient has a right shoulder injury that failed conservative care, and on 5/22/13, the patient underwent a right subacromial decompression, distal clavicle resection, debridement, and manipulation under anesthesia. Following this surgery, the patient completed 25 sessions of post-op PT between 6/28/13 and 10/15/13. As of the 9/13/13 progress report, the patient was noted to have 175 degrees of flexion and abduction. No motor deficit was documented. Given 25 sessions of PT completed, the request for another 6 post-op PT sessions was submitted to Utilization Review for determination. This was reviewed on 1/14/13. Further PT was not recommended due to lack of justification for ongoing skilled care. At that point, the UR physician noted that flexion was still rated at 168 degrees. On 1/16/14, the PTP wrote a supplemental report to appeal the adverse UR decision. The appealing doctor's basis for appeal is that: 1) The patient has made objective gains, 2) An "immobilized and untreated" shoulder could lead to contracture/restrictive adhesions, 3) Another 6 PT sessions would prevent deconditioning/reduce pain and swelling/improve ROM-strength enhancing restoration of function, and 4) This in turn would protect the repaired tendons from inflammation that could worsen the condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy, two (2) times a week for three (3) weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

Decision rationale: Guidelines recommend up to 24 sessions of PT following this surgery. The patient completed 25 sessions of PT, and was able to achieve improved function and range. There was no clear justification for ongoing skilled care or any reason why the patient could not be transitioned to a home exercise program on completion of 25 sessions of post-op PT, and additional PT was not recommended in Utilization Review. The PTP appeals this decision with the above points noted in the history paragraph. In addressing those specific points of appeal, I agree that the patient has made good objective gains. That said, this is not a reason to continue beyond guidelines, and the patient should clearly be able to do a home exercise program at this juncture in order to facilitate more objective gains. I disagree with the notion that no further post-op PT would be the equivalent of an "immobilized and untreated" shoulder. The patient has had extensive treatment, and is not immobilized. Additional PT may assist in increasing further gains and avoiding deconditioning, but so would a home exercise program. With regards to the last point of appeal, additional PT would not protect the patient against inflammation. There is no clear reason why this patient cannot be transitioned to a home exercise program at this juncture. There is no medical necessity for extension of post-op PT past guideline recommendations.