

Case Number:	CM13-0057384		
Date Assigned:	01/22/2014	Date of Injury:	02/10/2013
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 58-year-old female who sustained a repetitive work injury to the right shoulder on 02/10/13. The clinical records provided for review documented that following a course of conservative measures, the claimant underwent surgery on 08/13/13 for right shoulder diagnostic arthroscopy, subacromial decompression and an open rotator cuff repair. Since the procedure, the claimant has attended 20 documented outpatient physical therapy sessions and 8 documented home health sessions. The last clinical assessment on 10/25/13 documented that the claimant had restricted motion to 80 degrees of abduction with a diagnosis of status post rotator cuff repair. Medication management including Meloxicam and Vicodin was recommended as well as continued physical therapy for 12 sessions and home health assessments.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TO THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy cannot be recommended as medically necessary. The medical records

document that an additional 12 visits are recommended and that the employee at 10 weeks post surgery had completed 20 therapy sessions. There is no documentation within the therapy notes provided to determine whether the employee made progress or substantial gains with the 20 sessions of therapy. This information would be necessary prior to recommending additional therapy. Taking into consideration the amount of therapy the physician is now recommending, the timeframe from the surgical process and the documented amount of physical therapy utilized to date, this employee would exceed the guideline recommendation of 24 sessions of physical therapy in the postoperative course. There is no documentation to indicate that this employee would not be capable of transitioning to an aggressive home exercise program to continue working on strength and motion. The request for additional physical therapy, which would exceed guidelines, cannot be recommended as medically necessary.

HOME HEALTH CARE FOUR HOURS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The California MTUS Chronic Pain Guidelines do not recommend the request for continued home healthcare. At the time of the last evaluation provided for review, the employee was 10 weeks post surgery following rotator cuff repair. The medical records do not identify that the employee has a diagnosis indicating that the employee is home bound. The lack of a home bound diagnosis would not meet the Chronic Pain Guidelines for Home Health Services.