

Case Number:	CM13-0064075		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2011
Decision Date:	05/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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:

According to the records made available for review, this is a 47-year-old male with a 10/11/11 date of injury and status post left shoulder arthroscopy on 9/27/13. At the time (11/14/13) of request for authorization for 12 postoperative physical therapy visits, there is documentation of subjective (left shoulder pain with limited motion) and objective (decreased left shoulder range of motion and decreased grip strength) findings, current diagnoses (status post left shoulder rotator cuff repair and subacromial decompression), and treatment to date (left shoulder arthroscopy and 12 sessions of post operative physical therapy sessions). In addition, 12/18/13 medical report identifies the patient is showing excellent progress in physical therapy, but still lacks full range of motion. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous post operative physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POSTOPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder rotator cuff repair and subacromial decompression 9/27/13. In addition, there is documentation of 12 sessions of post operative physical therapy sessions completed to date. However, despite documentation identifying the patient is showing excellent progress in physical therapy, but still lacks full range of motion, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of previous post operative physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 12 Postoperative Physical Therapy visits is not medically necessary.