

Case Number:	CM13-0064343		
Date Assigned:	06/09/2014	Date of Injury:	02/20/2013
Decision Date:	07/25/2014	UR Denial Date:	11/27/2013
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 Orthopaedic 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:

This 49-year-old female [REDACTED] officer sustained an industrial injury on 2/20/13. Injury occurred while she was working with her police dog and he yanked on the leash with immediate onset of anterior right shoulder pain. The 5/8/13 right shoulder MRI arthrogram impression documented a large full thickness rotator cuff tear, a superior labral tear from anterior to posterior (SLAP) tear, and long head biceps tendinosis. The patient underwent right shoulder arthroscopic extensive labral debridement, subacromial bursectomy, rotator cuff debridement, posterior capsule release, biceps tenodesis, microfracture, SLAP release, and subacromial decompression on 6/6/13. The 11/7/13 treating physician reported indicated the patient had completed 24 formal physical therapy visits and was performing a home exercise program. The therapist and patient wanted to continue formal physical therapy, focused on improved range of motion and strengthening. Physical exam findings documented 160 degrees forward flexion, and 95 degrees active abduction. There was a painful arc of motion. There was a 20-degree internal rotation contracture and 30-degree external rotation contracture. The patient was to continue modified duty and additional therapy was requested. The 11/27/13 utilization review modified the request for 12 to 18 additional physical therapy sessions to 2 additional sessions. There was no significant change in range of motion over the past three months, and the patient had attended physical therapy in excess of 24 visits. Peer-to-peer discussion documented provider agreement for conversion to home exercise. The 12/10/13 patient appeal letter stated that 2 additional visits was insufficient. She had a home exercise program that she did on a regular basis and was regaining strength. Progression in range of motion had stopped as there were a number of manipulations that she could not do on her own. Continued supervised physical therapy (12-18 sessions) was required. The 12/19/13 treating physician report indicated the patient was working modified duty, had significant symptomatology and was frustrated with her lack of improvement. A corticosteroid

injection was provided and the patient was instructed to be more aggressive with her home stretching, proceeded by heat, and followed by ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) TO EIGHTEEN (18) ADDITIONAL PHYSICAL THERAPY SESSIONS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty 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. The post-surgical period would have expired on 12/6/13. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Records indicate a static presentation in range of motion from August to November. The patient had attended at least 24 post-op physical therapy sessions. She had a fully matured home exercise program and was compliant. There is no compelling reason to support the medical necessity of additional supervised physical therapy, therefore the request is not medically necessary.