MAXIMUS Federal Services

Case Number:	CM13-0071693		
Date Assigned:	01/08/2014	Date of Injury:	05/27/2011
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/30/2013

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker reported an injury on 05/27/2011 secondary to an unknown mechanism of injury. An MRI of the right shoulder on 04/21/2012 revealed a full-thickness tear of the supraspinatous tendon, small infraspinatous tendon tear, and subacromial-subdeltoid bursal effusion. The injured worker was diagnosed with right shoulder impingement syndrome, acromioclavicular joint arthropathy and massive chronic retracted rotator cuff tear, and he underwent arthroscopic rotator cuff repair with extensive debridement, synovectomy, lysis of adhesions, and distal clavicle excision on 07/25/2013 according to the operative report provided. The injured worker began post-operative physical therapy on 08/09/2013 and attended at least 5 sessions at the time of the request according to the physical therapy note provided. He was evaluated on 11/13/2013 and reported 6/10 intermittent shoulder pain which decreased at rest. He was noted to have right shoulder range of motion values of 90 degrees of abduction and 150 degrees of forward flexion. The injured worker has been recommended for additional post-operative physical therapy three times a week for four weeks for the right shoulder to increase range of motion and strength. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE PROGRAM POST OP PHYSICAL THERAPY THREE TIMES A WEEK TIMES FOUR WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The injured worker under went an arthroscopic right rotator cuff repair on 07/25/2013. He began post-operative physical therapy on 08/09/2013 and attended at least 5 sessions. [redacted] recommend an initial post-operative physical therapy duration of 12 visits following arthroscopic treatment of rotator cuff syndrom or impingement syndrome. Guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed for no more than 24 total post-operative visits. There is one physical therapy note provided in the documentation submitted for review which lists the dates of treatment. There is no other documentation to indicate how many total physical therapy sessions have been completed at the time of the request. Therefore, it is unclear if the requested duration of additional therapy is supported by the guidelines recommended for total post-operative physical therapy duration. Furthermore, there is a lack of documentation to indicate functional improvement with the physical therapy already completed. While the injured worker was noted to have some limited range of motion at the time of the request, there is no prior documentation of functional limitation to indicate that improvements have been made with physical therapy. Therefore, the request for home exercise program post-op physical therapy 3 times a week for 4 weeks for the right shoulder is not medically necessary and appropriate.