

Case Number:	CM14-0000112		
Date Assigned:	01/10/2014	Date of Injury:	09/13/2012
Decision Date:	04/07/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 50-year-old female lift truck operator sustained a right shoulder injury on 9/13/12. Surgery was performed 6/27/13 including arthroscopic debridement of partial thickness rotator cuff and labral tears of the glenohumeral joint, and subacromial decompression. Post-operative physical therapy was initiated 6/27/13 with a total of 24 visits documented through 10/7/13. The 10/4/13 orthopedic report stated that the patient was still struggling with some of her range of motion and some pain. Shoulder elevation was 120 degrees, external rotation to 50 degrees, and internal rotation to mid-lumbar. The patient was not working due to workplace closure. The 10/7/13 physical therapy report documented right shoulder elevation 145 degrees, abduction 110 degrees, and external rotation 80 degrees. Home exercise program instruction was documented in the physical therapy notes and additional supervised therapy was requested. The 11/4/13 occupational medicine report indicated that physical therapy was helping but the patient couldn't quite abduct the arm all the way above shoulder level. Shoulder flexion and abduction were 160 degrees; still could not put her arm all the way up her back. Additional physical therapy was requested. The 11/15/13 orthopedic progress report noted that the patient had forward flexion to 125 degrees, external rotation to 60 degrees, and internal rotation to mid-lumbar. Additional physical therapy was requested for 12 visits on 12/2/13. The record is unclear as to amount of physical therapy actually received by this patient beyond 10/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions for the right shoulder between 12/2/2013 and 1/31/2014: Upheld

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

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

Decision rationale: The request under consideration is for 12 physical therapy sessions for the right shoulder. The California MTUS Post-Surgical Treatment Guidelines rotator cuff repair/acromioplasty suggests 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. Physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The post-surgical physical medicine period would have continued through 12/27/13. Post-operative physical therapy was provided for at least 24 visits with progression documented. Records indicated that the patient regained functional range of motion as of 11/4/13 but demonstrated a reduction in shoulder flexion to 125 degrees on 11/15/13. Strength deficits were not documented. A home exercise program instruction was provided. The patient reportedly did not have a job to return to. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. Given the failure to meet guideline criteria for additional formal supervised PT care beyond the general post-surgical course; the request for 12 physical therapy sessions for the right shoulder is not medically necessary.