

Case Number:	CM14-0004139		
Date Assigned:	07/16/2014	Date of Injury:	06/08/2004
Decision Date:	08/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 45-year-old male pipe fitter sustained an industrial injury on 6/8/04. The mechanism of injury was not documented. The patient underwent low back surgery on 5/30/12. He awoke with left shoulder burning pain. He was diagnosed with left shoulder acromioclavicular joint arthritis, impingement syndrome, and partial rotator cuff tear. The patient underwent left shoulder arthroscopy, subacromial decompression, and debridement of a partial rotator cuff tear on 9/26/13. The patient had completed eight physical therapy visits to date. Records documented improvement in left shoulder range of motion and strength over the first eight visits. The 12/9/13 utilization review denied the request for additional post-operative physical therapy, as there were no clear functional gains, improvement in activities of daily living, or discussions regarding return to work. The 1/27/14 orthopedic report indicated the patient had grade 3/10 left shoulder pain. Physical exam documented left anterior shoulder and deltoid tenderness, and grade 4/5 weakness in forward flexion, abduction, and rotation. Range of motion testing documented forward flexion 155, abduction 155, internal rotation 55 and external rotation 70 degrees. The patient had completed eight physical therapy visits and eight additional visits had been denied. Home exercises were stressed during the appeal process. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The California 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. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined 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. Guideline criteria have been met. The patient had completed eight visits of post-operative physical therapy, less than the recommended initial course of care. He demonstrated improvement in range of motion and strength over the initial eight visits. There were residual deficits in range of motion and strength that would reasonably be expected to improve with additional supervised care prior to transition to an independent program. Therefore, this request for additional postoperative physical therapy 2 times per week for 4 weeks for the left shoulder is medically necessary.