

Case Number:	CM14-0103442		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2006
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 56-year-old female parent coordinator sustained an industrial injury on 10/27/06 relative to a slip and fall. The 3/3/09 left shoulder MRI documented mild glenohumeral degenerative change with small medial humeral head osteophyte and acromioclavicular joint degenerative change with edema. There was a trace amount of fluid in the subacromial subdeltoid bursa, and supraspinatus tendinosis with no full thickness tear. The patient underwent left shoulder arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle resection on 1/21/14. Records indicated that 36 post-op physical therapy sessions had been requested and approved. The 5/19/14 treating physician report cited constant grade 8/10 left arm pain radiating from the arm to the shoulder and to her neck. Physical therapy has helped but there is little improvement. Left shoulder exam documented healed wounds with active flexion/abduction to 130 degrees, external rotation 90 degrees, and internal rotation to L1. The patient was to continue physical therapy 2x6 and remained off work. The 6/17/14 utilization review modified the request for 12 additional post-op physical therapy sessions and partially certified 6 sessions to address continued functional deficits. The 7/17/14 physical therapy progress report indicated the patient had completed 42 visits with minimal loss of range of motion and strength. Active range of motion testing documented flexion 180, abduction 175, external rotation 70, and external rotation 75 degrees. There was 4+/5 weakness noted in resisted flexion. All other muscle strength was 5/5. The patient was discharged to a home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy (PT) 12 Session for the Left Shoulder: 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: The California MTUS Post-Surgical Treatment Guidelines for Rotator Cuff Repair/Impingement Surgery suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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. The 6/17/14 utilization review partially certified 6 additional visits to address residual functional deficits in range of motion and strength. The patient had previously completed 36 visits. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program, and beyond the care necessary. Therefore, this request is not medically necessary.