

Case Number:	CM14-0013277		
Date Assigned:	02/26/2014	Date of Injury:	09/21/2012
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 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 23-year-old female laborer/order puller sustained an industrial injury on 9/12/12 to the bilateral shoulders and wrist, due to repetitive lifting. She underwent left shoulder arthroscopy with partial synovectomy, rotator cuff debridement, decompression, acromioplasty, release of coracoacromial ligament, and manipulation under anesthesia on 9/25/13. The 12/2/13 progress report cited residual pain. Physical exam findings noted 4+/5 strength, abduction 160 degrees, internal rotation 60 degrees, flexion 155 degrees, and external rotation 40 degrees. Therapy was discontinued and acupuncture 2x6 was prescribed. The 1/13/14 progress report documented abduction 160 degrees, flexion 150 degrees, and shoulder strength 4+/5. Additional therapy was requested 2x6. The patient remained off work. The 1/29/14 utilization review noted functional range of motion and strength findings and partially certified 3 of the 12 physical therapy visits as sufficient to establish an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY, LEFT SHOULDER QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines 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. 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 that 12 post-operative physical therapy visits and 6 acupuncture treatments had been requested. The 1/13/14 progress report documented functional left shoulder range of motion and strength. The 1/29/14 utilization review partially certified 3 additional physical therapy visits to fully mature an independent home exercise program. There is no compelling reason to support the medical necessity of additional supervised physical therapy versus transition to an independent home exercise program. Therefore, this request for post-op physical therapy, left shoulder, 12 visits is not medically necessary.