MAXIMUS Federal Services

Case Number:	CM14-0017215		
Date Assigned:	04/14/2014	Date of Injury:	09/29/2010
Decision Date:	05/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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:

The patient is a 43-year-old male gardener/groundskeeper who sustained an industrial injury on 9/29/10 when he fell off a scaffold with injury to the spine and left shoulder. The patient underwent a shoulder arthroscopy on 2/1/13. The 6/24/13 left shoulder MR arthrogram documented a full thickness rotator cuff tear, type 2 SLAP tear of the labrum, and moderate AC joint hypertrophy consistent with distal clavicle resection. A left shoulder arthroscopic extensive debridement of the rotator cuff and anterior labrum, SLAP repair, subacromial decompression, and distal clavicle resection was performed on 9/10/13. Post-operative physical therapy was approved for 24 visits and initiated on 10/14/13. The 1/10/14 physical therapy chart note documented achy shoulder pain with movement and inability to heavy lift due to decreased strength. Objective findings documented 90 degrees active abduction, 50 degrees external rotation, 166 degrees flexion, and 4-/5 supraspinatus strength. The 1/14/14 treating physician report cited left shoulder stiffness and soreness with limited range of motion. The patient had two remaining physical therapy visits. Left shoulder range of motion demonstrated 170 degrees extension, 50 degrees external rotation, 90 degrees abduction, and internal rotation to T12. The treatment plan recommended additional physical therapy, twice a week for six weeks. The 1/27/14 utilization review denied additional post-operative physical therapy as the general course had been completed and there was no documented medical necessity or clinical effectiveness of the proposed treatment. The patient completed the approved course of 24 visits with continued pain free limitation in left shoulder abduction to 100 degrees and weakness documented on 2/25/14. A request for 8 additional visits was submitted and partially certified in utilization review on 3/10/14 for 4 visits to allow for maturation of an effective home program to further address the residual weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative physical therapy 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. Based on the medial records provided for review, guidelines criteria were not met for additional physical therapy at the time of the initial request. The patient had two remaining physical therapy visits and presented with no clear functional goals beyond the general course of therapy documented. Upon completion of the general course, there was no pain, some residual weakness, and range of motion had continued to improve. A partial certification of 4 visits was recommended in utilization review to complete therapy and fully maturate a home program. There is no compelling reason to support the medical necessity of physical therapy treatment beyond the 4 additional visits certified. The request for twelve sessions of physical therapy is not medically necessary and appropriate.