

Case Number:	CM14-0019653		
Date Assigned:	04/28/2014	Date of Injury:	03/22/2013
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 33-year-old male sustained an industrial injury on 3/22/13. Injury was sustained as he was getting out of his truck and tripped, getting his shoulder stuck while his body moved forward. He underwent right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia on 11/7/13. The operative findings noted a type II SLAP lesion. The orthopedist stated that it was not possible to repair the SLAP lesion as mobilization would be required for a SLAP lesion repair and this patient needed early and active range of motion. As of 1/15/14, 29 post-operative physical therapy sessions were completed. From 12/10/13 to 1/15/14, 13 sessions were completed with no change in strength documented. Active range of motion improved from 85 degrees flexion to 90 degrees, abduction improved from 85 to 88 degrees. The DASH functional inventory score was documented as 56.67, but this was an isolated score with no comparison in the post-operative period. The 1/27/14 treating physician report indicated that the patient had on-going stiffness that continued to bother him. He was able to flexion the shoulder to 90 degrees and abduct it to 70 degrees. There was limited internal and external rotation. The treatment plan recommended continued physical therapy 2x6 for range of motion and strengthening. The 2/3/14 utilization review recommended non-certification of additional physical therapy as there was no documentation of functional improvement with the most recent care. The 2/21/14 physical therapy report documented 38 visits had been provided with exam findings unchanged since 1/15/14. The 3/31/14 physical therapy report documented 46 visits had been provided with no change in strength or range of motion since the 1/15/14 exam. The DASH functional inventory score had not been updated since 1/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Under consideration is a request for post-operative physical therapy for the right shoulder for 12 visits. The California Post-Surgical Treatment Guidelines for a diagnosis of adhesive capsulitis suggest a general course of 24 post-operative visits over 16 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. Guideline criteria have not been met. As of the 1/30/14 request, the patient had exceeded the general course of therapy. Records indicate that there was minimal improvement in range of motion and no improvement in strength over the 13 visits provided from 12/10/13 to 1/15/14, and no functional improvement documented subsequent to 1/15/14. There is no compelling reason to support the medical necessity of continued supervised physical therapy over independent home exercise. Therefore, this request for post-operative physical therapy for the right shoulder x 12 is not medically necessary.