MAXIMUS Federal Services

Case Number:	CM14-0110312		
Date Assigned:	08/04/2014	Date of Injury:	05/10/2012
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 claimant is a 60-year-old male who sustained a vocational injury on May 10, 2012 while working as a nurse. The report of an MRI of the right shoulder dated June 1, 2012, identified full thickness and complete tears of the supraspinatus and infraspinatus tendons with retraction to the level of the glenohumeral joint. In addition, there was severe acromioclavicular joint degenerative changes that increased the risk for impingement, secondary to superior translation of the humeral head to the complete rotator cuff tears as it touched the inferior aspect of the acromion, full thickness complete tear of the biceps tendon at the site of the attachment of the supraglenoid tubercle with 5 centimeters of retraction, full thickness and incomplete tear of subscapularis tendon and glenohumeral joint osteoarthritic changes with joint effusion. On March 28, 2013, the claimant underwent right shoulder arthroscopy, subacromial decompression, AC joint resection, attempted open rotator cuff repair, debridement of calcific tendonitis, debridement of rotator cuff, debridement of labral tear and application of a sling. The office note dated June 13, 2014, documented that the claimant was diagnosed with chronic rotator cuff tear of the right shoulder, frozen right shoulder, status post arthroscopy, subacromial decompression, AC joint resection and failed rotator cuff repair, biceps tendon rupture on the right, cervical strain, radiculitis of the right upper extremity and a lumbar strain. According to the office note, the claimant complained of right shoulder pain, loss of strength, back pain and neck pain. On examination, he had tenderness over the paracervical musculature. Range of motion was decreased on extension with pain with extension and lateral bending. Examination of the right shoulder showed well healed surgical scars, a positive Popeye deformity from the biceps rupture, and resisted abduction strength was 4/5 as well as external strength 4/5. Range of motion was noted to be significantly decreased with regards to abduction and forward flexion. This request is for eighteen postoperative physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 18 post-operative physical therapy sessions right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Treatment Guidelines note postsurgical physical medicine is necessary and an extra course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy should be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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 postsurgical physical medicine. Patients should be reevaluated following continuation of therapy when necessary or no later than every 45 days from last evaluation to document functional improvement to continue physical medicine improvement. Frequency of visits should be gradually reduce or discontinued as the patient gains independence and management of symptoms and with achievement of functional goals. California MTUS Postsurgical Rehabilitation Guidelines support twenty-four visits over fourteen weeks in a six month period following surgery for adhesive capsulitis, forty visits over sixteen weeks in a six month period following complete rupture of rotator cuff, and twenty-four visits over fourteen weeks in a six month period following rotator cuff arthroscopic repair and subacromial decompression. The medical records provided for review do not suggest the quantity or response to therapy which would both be imperative to note prior to considering additional physical therapy for the shoulder following surgical intervention which was performed on March 28, 2013. In addition, the claimant has already significantly exceeded the postoperative period for which therapy would be considered medically reasonable. There is a lack of documentation the claimant has attempted, failed and exhausted additional previous first line conservative treatments such as anti-inflammatories, injection therapy, and a home exercise program prior to considering and recommending additional therapy. Therefore, based on the documentation presented for review and in accordance with California MTUS Postsurgical Rehabilitation Guidelines, the request for additional therapy for the right shoulder is not medically necessary.