

Case Number:	CM14-0111773		
Date Assigned:	09/16/2014	Date of Injury:	04/13/2012
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 52-year-old male who reported an injury on 04/13/2012. The mechanism of injury was repetitive lifting. He is diagnosed with impingement syndrome of the bilateral shoulders. His past treatments have included 24 previous postoperative physical therapy visits for the right shoulder. The injured worker underwent a right shoulder arthroplasty, acromioplasty, and biceps tenotomy on 03/10/2014. On 06/16/2014, the injured worker was seen for followup of his bilateral shoulders. He reported continued pain in the shoulders. His physical examination revealed anterior tenderness and weakness to the bilateral shoulders. His current medications were not provided in the medical records. A recommendation was made for 12 additional sessions of postoperative physical therapy to regain strengthening and to reduce pain to a manageable level. A request was received for additional postoperative physical therapy 3 x 4 right shoulder (previous done to date x 24). The Request for Authorization Form was submitted on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Postoperative Physical Therapy 3x4 Right Shoulder (previous done to date x 24):
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: According to California MTUS Postsurgical Guidelines, a maximum of 24 visits of postoperative physical therapy may be supported following shoulder arthroplasty. The guidelines also state that if it is determined that additional functional improvement can be accomplished after the completion of the general course of therapy, physical treatment may be continued up to the end of the postsurgical physical medicine, which is 6 months following arthroplasty. The clinical information submitted for review indicated that the injured worker had previously completed 24 visits of postoperative physical therapy for the right shoulder. However, a complete reassessment after the 24 visits was not provided. The most recent reassessment submitted was dated 04/18/2014 and was completed after he had completed 9 visits. This reassessment has shown that he had gains in range of motion and strength with his initial 9 visits. However, there was no documentation showing evidence of additional range of motion and motor strength gains made with visits 10 through 24. Therefore, the need for additional physical therapy cannot be determined. In addition, the most recent clinical note failed to show objective range of motion and motor strength values to identify if there if additional functional improvement could be obtained with additional treatments. For these reasons, the request for additional postoperative physical therapy is not supported. As such, the request is not medically necessary.