

Case Number:	CM14-0122896		
Date Assigned:	08/08/2014	Date of Injury:	05/19/2011
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 is a 78-year-old female who sustained a vocational injury while working as a teacher's aide on 05/19/11 when she fell. The medical records provided for review document that the claimant underwent left shoulder arthroscopy with synovectomy, chondroplasty of the glenoid labrum, biceps tenodesis, massive rotator cuff repair, acromioclavicular joint resection, manipulation under anesthesia on 04/01/14. Documentation notes that as of 07/10/14 the claimant had attended at least 30 postoperative physical therapy sessions. The physical therapy note from 06/30/14 noted that the claimant had "a little bit" of improvement but continued to have problems with reaching, although she was able to lift her arm a little higher without pain. Examination on 07/10/14, documented passive range of motion showed flexion to 120 degrees, abduction to 110 degrees, external rotation to 60 degrees, and internal rotation to 20 degrees. Active rotation showed 90 degrees of flexion, 40 degrees of extension, 70 degrees of abduction, 30 degrees of adduction, 80 degrees of external rotation and 30 degrees of internal rotation. Impingement testing was still positive. This review is for additional postop physical therapy two to three times a week x four weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2-3 x 4 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines support 24 visits over 14 weeks for arthroscopic rotator cuff repairs. If repairs are performed in an open setting, Postsurgical Treatment Guidelines support 30 visits over 18 weeks. Postsurgical Physical Medicine treatment is recommended to be carried out over six months. In addition to the quantity allowed per California Postsurgical Treatment Guidelines, the guidelines also suggest there should be documented functional improvement in order to establish medical necessity of continued therapy. Documentation presented for review suggests the claimant has reached a plateau with her current course of postoperative therapy and in addition has already exceeded the medically recommended number of therapy sessions for her surgical intervention. Additional therapy at this point would continue to exceed the Postsurgical Guidelines and subsequently based on the fact that she appears to have plateaued, it is not clear how additional therapy would continue to enhance her overall function and progress. Therefore, based on the documentation presented for review and in accordance with California Postsurgical Treatment Guidelines, the request is not considered medically necessary at this time.