

Case Number:	CM14-0130935		
Date Assigned:	08/20/2014	Date of Injury:	05/18/2005
Decision Date:	09/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pennsylvania. 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 38-year-old male tree trimmer who sustained a vocational injury on 05/18/05. The records provided for review included an office note dated 05/20/14 that documented the claimant's diagnosis of right shoulder impingement syndrome and that the claimant had ongoing right anterior shoulder pain. Physical examination revealed range of motion of forward flexion to 170 degrees, external rotation to 80 degrees, and internal rotation to 80 degrees. The claimant had a positive Hawkins and Neer testing, negative empty beer can, negative cross over, negative drop arm, negative external weakness, negative liftoff and negative apprehension. It was recommended that the claimant undergo a right shoulder arthroscopy with open subacromial decompression and Mumford procedure. The current request is for 12 postop physical therapy visits for the right shoulder with evaluation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Op Physical Therapy visits for the Right Shoulder with Evaluation as an Outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <http://www.acoempracguides.org/shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks
*Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks *Postsurgical physical medicine treatment period: 6 months.

Decision rationale: California MTUS Postsurgical Treatment Guidelines support the request for 12 postoperative physical therapy sessions for the right shoulder. The records provided for review indicated that the patient has been authorized for surgical intervention in the form of an open subacromial decompression and Mumford procedure for the right shoulder. There is no documentation that the claimant has undertaken any formal physical therapy following surgical intervention. Subsequently, it can be assumed that this is the first request for postoperative physical therapy of which California MTUS Postsurgical Treatment Guidelines support 24 visits over 14 weeks for arthroscopic procedures and 30 visits over 18 weeks for open procedures. The request falls well within the Postsurgical Guidelines recommendation in the postoperative phase for the requested surgical intervention. Therefore, based on the documentation presented for review and in accordance with California Postsurgical Rehabilitation Guidelines, the request for the 12 postop Physical Therapy visits to the Right Shoulder for evaluation as an outpatient is medically necessary.