

Case Number:	CM14-0136999		
Date Assigned:	08/29/2014	Date of Injury:	11/13/2013
Decision Date:	10/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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 Maryland. 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 58 year old male who was injured on 11/13/13. The mechanism of injury is not described. The injured worker is status post right shoulder arthroscopic repair of the rotator cuff with debridement, synovectomy, acromioplasty and co-planing of the clavicle performed on 02/14/14. The injured worker complains of continued right shoulder discomfort, reduced ROM and weakness. Treatment has included approximately 47 postoperative sessions of physical therapy. Physical Therapy Progress Note dated 03/17/14 states the injured worker demonstrates poor gains since the onset of physical therapy. It is noted the claimant has a history of adhesive capsulitis of the left shoulder following surgical intervention. Aggressive stretching at home and continued physical therapy is recommended. Further therapy notes reveal the injured worker continued to demonstrate poor gains and a capsular pattern. The injured worker then received a cortisone injection to the right shoulder on 04/24/14. Physical Therapy Progress Note dated 05/19/14 states the injured worker demonstrates improvement following the injection. Physical Therapy Progress Note dated 07/28/14 states the injured worker continues to demonstrate gains with physical therapy. It is noted the injured worker's overall DASH score has improved from 91% to 45%. This note indicates the injured worker stretches at home daily with a pulley and provided exercises. Physical examination of the right shoulder on this date reveals 95 flexion, 50 extension and 95 abduction. Strength is 4/5 with flexion, 4-5 with extension and 4/5 with abduction. Most recent clinical note dated 08/07/14 states the injured worker is six-months post surgery and his ROM is not "quite complete" and strength is still not 5/5. Additional physical therapy is suggested. A request for an additional 12 sessions of physical therapy for the right shoulder was submitted on 08/04/14 and subsequently denied by Utilization Review dated 08/11/14 citing the extensive amount of physical therapy previously received for the right shoulder. This is an appeal request for 12 sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for an additional 12 sessions of physical therapy for the right shoulder is not recommended as medically necessary. MTUS Post-surgical treatment guidelines state the postsurgical physical medicine treatment period following arthroscopy or acromioplasty is 6 months. During that time, 24 visits of physical therapy are authorized. Records indicate the injured worker has participated in approximately 47 sessions of physical therapy since the date of surgery. There are exceptional factors submitted for review which would warrant treatment in excess of guideline recommendations. Moreover, the requested treatment falls outside of the postsurgical treatment time frame. As such, MTUS Chronic Pain Medical Treatment Guidelines apply. This guideline allows for up to 10 visits of physical medicine for myalgia and myositis, unspecified. The request for 12 sessions of physical therapy exceeds guideline recommendations. As the injured worker has received approximately 47 sessions of physical therapy to date he should be well versed in the appropriate exercised and should reasonably be able to transition to a home exercise program. There are no significant barriers included in the submitted records which would suggest the injured worker would not be able to successfully participate in a home exercise program. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy for the right shoulder is not established. Therefore the request is not medically necessary.