

Case Number:	CM14-0174456		
Date Assigned:	10/27/2014	Date of Injury:	05/11/2010
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Minnesota. 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 45-year old male with a history of electrical injury with burns and neurologic dysfunction, traumatic brain injury, sleep apnea, low back pain with right leg pain, morbid obesity, and right shoulder pain. The date of injury was 05/11/2010. He underwent right shoulder surgery for a rotator cuff tear and impingement on 05/20/2014. The findings included a 1x1 cm supraspinatus tear and a SLAP tear. The procedure consisted of arthroscopy of the right shoulder, acromioplasty, debridement of SLAP tear and rotator cuff repair. The tear was small and 2 sutures and one bone anchor were utilized. The disputed issue pertains to post-operative physical therapy. The notes indicate that 6 sessions had been completed on 06/09/2014 and a total of 19 sessions on 8/21/2014. There was good motion and no weakness on the 8/25/2014 exam. The therapist requested an additional 12 visits and UR certified 4 out of 12 for transitioning to a home exercise program. The disputed issue pertains to the additional 12 visits as requested prior to the UR modification. No post-operative complications are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Therapy Sessions for the right shoulder (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11,27.

Decision rationale: California MTUS post-operative physical therapy guidelines indicate post-surgical treatment of 24 visits over 14 weeks for rotator cuff syndrome/ impingement syndrome. This would apply to the arthroscopic surgery for the diagnosis code of 726.13 that is used in the IMR application. The initial course of therapy is one half of the total number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. This will be 12 visits. Then with documentation of functional improvement the visits could be extended. The physical medicine treatment period is 6 months. The injured worker had attended 19 sessions by 8/21/2014 and the additional 12 sessions as requested would have exceeded the recommended general course of 24 sessions. The UR certified 4 out of these 12 to transition to a home exercise program for continued strengthening. This was appropriate. There was good range of motion and strength documented. Therefore the additional 12 physical therapy sessions for the right shoulder (2x6) as requested were not medically necessary per guidelines.