

Case Number:	CM14-0176538		
Date Assigned:	10/29/2014	Date of Injury:	03/06/2014
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 62-year-old male with a 3/6/14 date of injury. The mechanism of injury occurred when he tripped over a cable, fell face forward, and braced his fall with his right arm. According to a progress report dated 10/8/14, the patient was status-post right arthroscopic surgery with subacromial decompression and right rotator cuff repair on 6/19/14. He stated that his shoulder was still sore. He stated that overall his pain was much better than before surgery, and he just had aches and pains and weakness. Objective findings: active and passive total flexion of right shoulder are 170 degrees, external rotation is 60 degrees, Hawkins mildly positive. Diagnostic impression: bicipital tenosynovitis, disorder of bursa of shoulder region, primary osteoarthritis of shoulder region, strain of supraspinatus muscle and/or tendon. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/16/14 denied the request for additional post-op physical therapy 2x6 weeks, right shoulder. The records indicate the patient has had 36 post-op physical therapy visits with no discussion of circumstance impeding functional progress or the inability of the patient to transition to a home program for further stretching, strengthening, and range of motion. The provider provided no documentation of specific functional goals for the right shoulder that would support additional supervised physical therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Twelve additional post-op physical therapy visits two times a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post surgical physical medicine period. However, according to the 10/16/14 UR decision, this patient has completed 36 post-op physical therapy sessions. Guidelines support up to 24 visits over 14 weeks post surgical treatment of rotator cuff repair. The patient has already exceeded the number of guideline supported sessions of physical therapy treatment. Excessive physical therapy can lead to treatment dependence. In addition, there is no discussion as to why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Associated surgical service: Twelve additional post-op physical therapy visits two times a week for six weeks for the right shoulder was not medically necessary.