

Case Number:	CM14-0177112		
Date Assigned:	10/30/2014	Date of Injury:	08/12/2011
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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:

According to the provided documents, the injured worker is a 39-year-old man injured 8/12/11. He injured the shoulder trying to avoid a falling container of honey. Patient had a right shoulder arthroscopy on 2/24/14. The disputed treatment is additional postoperative PT (physical therapy) 2 times 6 for the right shoulder based upon a determination of 10/17/14. The utilization review determination that addressed this request noted that there had been 3 previous peer reviews of request for additional postoperative PT. The utilization review determination stated that patient had already completed 24 postoperative PT sessions by the time of those requests. There is a 9/15/14 orthopedic report that does indicate patient has had 24 postoperative PT sessions with improvement in range of motion and decreasing pain. Same report noted a two-month delay in getting PT due to scheduling difficulties finding a PT office near his home. Exam of the right shoulder showed healing incisions. No atrophy, mild tenderness over the lateral bursa, slightly reduced range of motion particularly in flexion and abduction, a painful arc, and strength testing of 5+ or 5 (usually out of 5), pain free except for some pain with resisted internal rotation and "resisted supr". Diagnoses were right shoulder impingement/bursitis, partial rotator cuff tear, acromioclavicular joint osteoarthritis status post arthroscopic subacromial decompression, extensive debridement and Mumford procedure with postoperative stiffness. Treatment plan included NSAIDs, home PT/OT program, and PT/OT program. The physical therapy program is to focus on range of motion and strengthening. He reportedly demonstrates stiffness and guarding secondary to the delay in initiation of therapy after surgery. He is making progress but requires additional sessions. Also provided are multiple physical therapy reports that they show steady gains in range of motion and strength. There is documentation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: MTUS guidelines support up to 24 postoperative physical therapy sessions following this type of surgery. This patient has completed those per the reports. The reports do not indicate why this patient would require additional formal supervised physical therapy in order to continue to improve his range of motion and strength. He should be able to accomplish those goals in an independent home rehabilitation program. Therefore based upon the evidence the guidelines this request is not medically necessary.