

Case Number:	CM14-0177788		
Date Assigned:	10/31/2014	Date of Injury:	05/10/2012
Decision Date:	12/18/2014	UR Denial Date:	09/27/2014
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 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 60-year-old male with a 5/10/12 date of injury. According to a progress report dated 9/5/14, the patient continued to improve with his right shoulder status post reverse total shoulder surgery on 7/24/14. He stated that he was now able to lift his arm up to the side and to the front, which he was unable to do prior to the surgery. He did still have some pain and felt that he had atrophy over the right shoulder musculature. Objective findings: tenderness over paracervical musculature and paralumbar musculature, painful lumbar and cervical range of motion, mild atrophy over right shoulder, limited shoulder range of motion. Diagnostic impression: right shoulder status post reverse total shoulder replacement, improving frozen right shoulder, biceps tendon rupture, cervical strain, lumbar strain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 9/30/14 modified the request for 18 additional post-operative physical therapy visits to certify 12 visits. The patient has been treated with 12 sessions of post-operative physical therapy and was improving with physical therapy. The request was modified to 12 sessions to increase strength and range of motion and to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional post operative physical therapy visits, 3 times per week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: 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 postsurgical physical medicine period. However, in the present case, the UR decision dated 9/30/14 indicated that this patient has previously undergone 12 sessions of post-surgical physical therapy. Guidelines support up to 24 visits over 10 weeks of postoperative treatment for shoulder arthroplasty. An additional 18 sessions would exceed guideline recommendations. The previous UR decision modified this request to certify 12 sessions. A specific rationale identifying why this patient requires treatment beyond guideline recommendations was not provided. Therefore, the request for 18 additional post operative physical therapy visits, 3 times per week for 6 weeks for the right shoulder was not medically necessary.