

Case Number:	CM14-0026775		
Date Assigned:	06/13/2014	Date of Injury:	06/13/2011
Decision Date:	07/31/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pennsylvania. 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 claimant is a 62-year-old female who worked as a machine operator/laborer, and sustained a June 13, 2011, vocational injury while utilizing tweezers to remove a piece of plastic. On November 5, 2013, the claimant underwent right shoulder arthroscopy with subacromial decompression and extensive debridement of a partial thickness rotator cuff repair. The claimant's current working diagnosis is status post-surgery. A December 18, 2013, note states that she was progressing post-surgically but had increased pain in the right-side lying position and with first movements from a stationary position. She reported relief when moving her arm and was treating the pain with Motrin. Physical examination showed normal scapulohumeral rhythm of both shoulders and limited motion in general at the right glenohumeral joint. Active range of motion on the right was 100 degrees of flexion and 75 degrees of abduction. She was able to reach back to the lumbar spine. Resisted tests showed decreased strength with abduction, flexion, and greater internal rotation than external. The notes document increased pain with resisted internal rotation, external rotation, abduction, flexion, extension and elbow flexion. Passive range of motion demonstrated 115 degrees of flexion, 75 degrees of internal rotation and 75 degrees of external rotation. Also noted was tenderness in the supraspinatus groove in the subacromial and deltoid regions. Documentation suggests the claimant had been approved 24 sessions of formal physical therapy post-operatively and, as noted, was utilizing anti-inflammatories. This request is for 12 additional sessions of physical therapy times for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy twice a week for 6 weeks for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to California MTUS Postsurgical Rehabilitation Guidelines, the request for 12 additional sessions of physical therapy would not be indicated. The Postsurgical Guidelines recommend 24 visits of physical therapy over a six-month period following surgery. In this case, the reviewed records show that the claimant underwent the maximum allowable visits in a 14-week post-operative period. In this case, the records do not state why the claimant could not transition to a home-exercise program at this stage in her post-surgical recovery. In addition, there is no documentation of persistent subjective complaints or abnormal physical examination findings that would support formal physical therapy beyond the number of guideline-recommended visits. Finally, this request comes more than six months post-operatively - exceeding the time frame for duration of therapy. Therefore, the request for post operative physical therapy twice a week for six weeks for the right shoulder is not medically necessary and appropriate.