

Case Number:	CM14-0030350		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2011
Decision Date:	08/08/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with date of injury of 09/05/2011. Per the physical therapy plan of care report dated 01/30/2014, the listed diagnoses are traumatic arthropathy involving shoulder region, malunion of fracture, pain in the joint involving shoulder region, shoulder joint replacement, and stiffness of joint. The patient continues to have lot of stiffness and pain with trying to reach forehead. The patient states I feel like I am starting to make progress now. The pain is overall minimal and beginning to be able to move more on the left side. This plan of care report states that patient has 24 sessions certified with certification from 01/14/2014 and certification date of 02/18/2014. The current level range of motion for flexion was 125 degrees and abduction to 100 degrees, internal and external rotation to 65/55 degrees. There is a progress report by the treating physician dated 01/30/2014. The patient presents with left shoulder revision surgery of a proximal humeral fracture nonunion from 09/06/2013 making slow steady improvement. The objective findings were flexion 125, abduction 108, external rotation 65, and internal rotation 55. The patient was to continue physical therapy twice a week for 6 weeks and to reevaluate in 6 weeks. A 02/03/2014 report by the treating physician, is reviewed. This report indicates that the patient had nonunion surgical repair of the shoulder fracture 11/11/2011, and subsequent reversal shoulder replacement 09/06/2013, still under the care of the treating physician, last seen by the treating physician on 01/30/2014 with ongoing physical therapy twice a week and scheduled to get therapy for at least 6 more weeks. She is still improving with the therapy and she does exercises at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Additional Physical Therapy Sessions for the Left Shoulder (2 x 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX;www.odg-twc; Section Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 26, 27.

Decision rationale: This patient presents with persistent shoulder problems. The patient has history of nonunion humeral fracture with multiple surgeries. Most recent surgery was a reverse shoulder replacement which took place on 09/06/2013. The treating physician has asked for additional physical therapy 2 times a week for 6 weeks. Per review of the reports, patient was authorized 24 sessions of postoperative physical therapy. The review of the physical therapist note from 01/14/2014 shows that the patient was started on 24 sessions of physical therapy. By 01/30/2014, reevaluation report by the treating physician, he is requesting additional physical therapy at 12 sessions. The MTUS Guidelines for postoperative care following arthroplasty of the shoulder recommend 24 sessions of physical therapy. This patient has already been authorized 24 sessions and it would appear that the treating physician has asked for additional 12 before completion of the 24 sessions already authorized. Per therapist's report, patient is making improvements even at the beginning of physical therapy already authorized per 01/14/2014 report. Given that the patient has already been authorized 24 postoperative sessions, the treating physician should wait until the completion of physical therapy before making recommendations for additional therapy based on patient's condition and clinic presentation. The current request for 12 sessions appear to exceed what is typically recommended for this type of surgery per MTUS Guidelines. Recommendation is for denial. As such, the request is not medically necessary.