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| Case Number: | CM14-0038400 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/17/2013 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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:

This is a 56-year-old male with a 5/17/13 date of injury. He injured his shoulder at work while lifting heavy metals with a group of three, the metal slipped from the two other guys, and he held onto it and "popped" his shoulder. According to a 2/19/14 progress note, the patient had right shoulder surgery on 12/12/13. His right shoulder pain is improving and he feels better. However, he continued to complain of headaches and low back pain rated as 7/10. The pain radiated to his hands and knees. He has been receiving physical therapy and has completed 18 sessions. He stretches and exercises at home. On physical examination of the right shoulder, manual muscle testing revealed 3/5 strength with flexion, extension, abduction, adduction, internal rotation, and external rotation. Range of motion was restricted due to pain. Diagnostic impression: right shoulder impingement syndrome, right shoulder partial rotator cuff tear, right shoulder acromioclavicular joint osteoarthritis, two months status post right shoulder arthroscopic surgery. Treatment to date: medication management, activity modification, chiropractic therapy, physical therapy, ESI, surgery. A UR decision dated 3/5/14 denied the request for 12 additional postoperative physical therapy sessions. The patient has already been approved for 24 post-op therapy sessions and this request was apparently done after or on the 18th session. Therefore, the claimant still has not exhausted the MTUS recommended schedule and for which he has been approved. It is also noted that with a DCR, the claimant is likely to be sore for several months as the bone remodels and which will also respond to the natural healing and resolution that occurs with time and use. As claimant still apparently has unused treatment which should be followed by a re-exam and pending clarification of above, request is recommended for non-certification at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post-op Physical Therapy sessions right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Postsurgical Treatment Guidelines.

Decision rationale: The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries as defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24-visit limitation for chiropractic, occupational and physical therapy. According to guidelines, the recommendation for postoperative physical therapy following the patient's surgery is 24 visits over 14 weeks. A UR decision from 2/4/14 certified 24 physical therapy session. In a progress note dated 2/19/14, the physician is requesting an additional 12 sessions when the patient has only completed 18 out of the 24 approved sessions. It is unclear why the physician is requesting more sessions at this time. The patient has already had 24 postoperative physical therapy sessions authorized, and an additional 12 sessions would exceed the number of sessions recommended by guidelines. Furthermore, there is no documentation provided in the physical therapy notes that address the patient's functional improvement or benefits from treatment. Therefore, the request for 12 additional post-op Physical Therapy sessions right shoulder was not medically necessary.