

Case Number:	CM14-0045448		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2012
Decision Date:	08/20/2014	UR Denial Date:	03/06/2014
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 Orthopaedic 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 60-year-old female sustained an industrial injury on 3/31/12. Injury occurred when she fell after a large door hit her on the right side. She underwent right shoulder arthroscopy with extensive intraarticular debridement, subacromial decompression, and rotator cuff repair on 10/27/13. Records indicated that the patient had completed 20 post-op physical therapy visits from 12/6/13 through 2/14/14. The 2/25/14 treating physician report indicated the patient was improving slower than expected. Right shoulder range of motion testing demonstrated flexion 110, abduction 100, and external rotation 60 degrees. Supraspinatus strength was 4+/5, external rotation strength was 5/5. The patient had completed 8 physical therapy visits since her last visit. The 3/6/14 utilization review denied the request for additional post-op physical therapy as there was no evidence of progressive objective functional improvement to warrant continued treatments. Review of the progress reports documented mild improvement in right shoulder range of motion and moderate improvement in strength from 1/16/14 to 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 4 weeks for the Right Shoulder: Overturned

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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. Guideline criteria have been met for continued treatment. The patient has demonstrated steady progressive improvement in range of motion, slower than expected. Strength has improved to functional levels. Range of motion remains limited and additional functional improvement could reasonably be accomplished with continued supervised therapy. Transition to an independent program would be expected upon completion of additional care. Therefore, this request for physical therapy 2 x week for 4 weeks for the right shoulder is medically necessary.