

Case Number:	CM14-0045455		
Date Assigned:	06/27/2014	Date of Injury:	12/03/2007
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
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 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 61-year-old female housekeeper sustained an industrial injury on 12/3/07, relative to repetitive job tasks. Past medical history was positive for left shoulder arthroscopy with distal clavicle excision on 6/19/09. The patient underwent right shoulder arthroscopic decompression, acromioplasty, and Mumford procedure on 8/30/13. Post-operative physical therapy was provided for at least 24 visits. The 3/11/14 AME report documented intermittent right shoulder pain and limited range of motion due to pain. The patient reported improvement in range of motion following surgery. Right shoulder physical exam findings documented mild atrophy, bilateral trapezius myofascial tenderness, and mild supraspinatus tenderness. There was a mildly positive impingement test. Right shoulder range of motion included abduction 160, forward flexion 165, extension 45, internal rotation 67, external rotation 68, and adduction 35 degrees. The patient was deemed at maximum medical improvement. Additional physical therapy was recommended limited to acute exacerbations that failed to improve with 6-8 weeks of medications. The 3/18/14 utilization review denied the request for 12 visits of physical therapy to the right shoulder as the patient had completed more than the general course of post-op therapy and there was no current documentation of continued improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk x6wks to right shoulder: Upheld

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 do not apply to this case as the 6-month post-surgical treatment period had expired at the end of February 2014. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. Current exam findings documented functional right shoulder range of motion with the patient having achieved maximum medical improvement. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request for physical therapy 2x6 for the right shoulder is not medically necessary.