

Case Number:	CM14-0051083		
Date Assigned:	07/07/2014	Date of Injury:	02/10/2012
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 49-year-old male police officer sustained an industrial injury on 2/10/12, relative to cumulative trauma. Past medical history was positive for right shoulder arthroscopy with rotator cuff repair, subacromial decompression, and distal clavicle excision on 9/17/12. The patient underwent right shoulder total shoulder replacement on 12/6/13 with 24 visits of post-op physical therapy authorized. The 4/2/14 utilization review denied the request for additional physical therapy based on an absence of current documentation of clinical need. The 4/7/14 physical therapy progress report documented completion of 24 visits. The patient was able to do all activities of daily living without restriction. There was some pain and shoulder stiffness which did not limit function. Physical exam documented 5/5 strength in all planes with mild tension noted in the right upper trapezius and pectoralis. Right shoulder active range of motion testing documented flexion 155, abduction 150, external rotation 75, and extension 65 degrees, with internal rotation to T9. Passive range of motion testing demonstrated flexion 165, abduction 175, and external rotation 90 degrees. The patient had resumed heavy lifting tasks and overhead repetitive activities. He was able to sleep on his right side without restriction. He was independent in his home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Post -Operative Physical Therapy sessions for Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines -Treatment for worker compensation Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder arthroplasty suggest a general course of 24 post-operative visits over 10 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 not been met. This patient has completed the guideline recommended general course of physical therapy. Current exam demonstrates full active and passive shoulder range of motion. Full strength is documented in all planes of movement. He is unrestricted in activities of daily living and has resumed heavy lifting and overhead repetitive activities. A home exercise program is evidenced. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. There is no evidence that further functional gains would require supervised physical therapy. Therefore, this request for Twelve (12) Post -Operative Physical Therapy sessions for Right Shoulder is not medically necessary and appropriate.