

Case Number:	CM14-0057276		
Date Assigned:	07/09/2014	Date of Injury:	04/07/2013
Decision Date:	09/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 is claimant sustained a vocational injury on April 7, 2013. The claimant underwent surgical intervention in the form of a right shoulder arthroscopic subacromial decompression, labral repair and open biceps tenodesis on May 29, 2013. During his postoperative course in which he was attending physical therapy the claimant unfortunately developed a hernia and subsequently underwent hernia surgery which put an interruption to his postoperative physical therapy and subsequent rehabilitation. The most recent office note available for review is from April 28, 2014 suggesting that he is improved, had great motion following his twenty-four sessions of physical therapy. His biggest issue is weakness. He could lift up to 20 pounds below the shoulder level. He was noted to have stopped all pain medication. He was sleeping better and was able to do more housework as well as activities of daily living (ADL's) and had overall global functional improvements. He was noted to be still very weak. On exam, his incision site was healed and there was no erythema or discharge noted. Shoulder range of motion demonstrated forward elevation to 180 degrees, external rotation to 80 degrees, internal rotation to T8. He had 4 out of 5 strength on external rotation, forward flexion. He was given the diagnoses of improving postop for the shoulder, developed a hernia secondary to therapy and recently underwent hernia repair on April 18, 2014. Documentation suggests that the claimant has attended twenty-four sessions of postoperative physical therapy to the right shoulder since surgery on May 29, 2014. Current request is for additional postoperative physical therapy for the right shoulder times twelve sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy for the right shoulder, QTY: 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines have been referenced. Currently for the working diagnosis and status post the aforementioned surgery, California Chronic Pain Post Medical Treatment Guidelines suggests twenty-four visits over fourteen weeks in a six month period. The claimant appears to have met the medically allotted quantity of formal postoperative physical therapy for surgical intervention and there is a lack of documentation in place as to why the claimant could not proceed in transitioning to a home exercise program. Documentation suggests the claimant has made good functional progress with regards to decrease in subjective pain complaints, increase in range of motion and function as well as strength. Additional physical therapy at this time would continue to exceed California Post op Rehabilitation Guidelines and subsequently cannot be considered as medically necessary.