

Case Number:	CM14-0058616		
Date Assigned:	07/09/2014	Date of Injury:	04/30/2013
Decision Date:	08/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 29-year-old female sustained an industrial injury on 4/30/13. The mechanism of injury was not documented. She underwent left shoulder arthroscopy with subacromial decompression and capsular release on 1/9/14. The patient completed 29 post-operative physical therapy sessions with reported improvement. Physical therapy records documented good functional improvement in range of motion and strength over the course of therapy. The 4/3/14 orthopedic report indicated the patient was improving with therapy. Left shoulder exam demonstrated diffuse shoulder tenderness, with 4/5 shoulder strength in forward flexion and internal/external rotation. Range of motion testing noted flexion 140, abduction 140, and internal/external rotation 60 degrees. The treatment plan recommended continued therapy, focused on aggressive stretching and strengthening for 12 additional sessions. The patient was released to return to work without restriction. The 4/28/14 utilization review denied the request for additional post-op physical therapy, as there was no rationale to support the medical necessity of additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy for the left shoulder 3 times a week for 12 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis/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 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 29 post-operative visits with documented functional improvement in range of motion and strength. She has been released to work without restriction. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request for additional post-op physical therapy for the left shoulder 3 times a week for 12 sessions is not medically necessary.