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| Case Number: | CM14-0069200 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 03/22/2013 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 Internal Medicine, and is licensed to practice in Arizona. 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 a 57-year-old male who had a motor vehicle accident on March 22, 2013 in which he injured both his shoulders, his neck, back and left hip. With a diagnosis of left rotator cuff syndrome and cervical disc disease he underwent a left shoulder arthroscopic subacromial, rotator cuff repair and partial distal claviclectomy. He used a CPM machine in the postop period and then the orthopedist recommended land physical therapy twice a week for 6 weeks. There are no medical records beyond this request, including no physical therapy notes or progress note from the orthopedist indicating why the current request for additional physical therapy 3 times a week for 6 weeks is needed. The previous Reviewer stated that the patient had 30 physical therapy visits. This cannot be confirmed because the medical records lack further documentation.

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 to the left Shoulder 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG 726.1 Rotator cuff syndrome of shoulder and allied disorders, Physical Therapy Guidelines.

Decision rationale: The ACOEM section of The MTUS, mentions physical therapy in an acute and sub-acute setting for a few visits to obtain education on an effective, home exercise program. Further, manual therapy has been described as effective for patients with frozen shoulders; however, the period of treatment is limited to a few weeks, because results decrease with time. The ODG does give specific guidelines for various shoulder disorders and it would seem that this patient's frequency of PT visits may exceed the guidelines. The recommendation of Rotator cuff Syndrome of the Shoulder and Allied disorders, is to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Medical treatment for 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroscopic: 24 visits over 14 weeks Post-surgical treatment, open: 30 visits over 18 weeks. Using these guidelines, a patient who is status post arthroscopic left shoulder decompression qualifies for 24 visits over 14 weeks. If the patient in fact had only the 12 physical therapy (PT) visits as recommended by the orthopedist he would qualify for an additional 12 PT visits. However, clearly, if he had the 30 PT visits, as stated by the Reviewer, he has already exceeded the recommended 24 visits for arthroscopic, post-operative therapy. Thus, the requested additional 18 physical therapy visits are not found medically necessary.