

Case Number:	CM14-0070385		
Date Assigned:	07/14/2014	Date of Injury:	02/07/2013
Decision Date:	08/13/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 47-year-old male sustained an industrial injury on 2/7/13. The mechanism of injury was not documented. He underwent right shoulder arthroscopy with extensive Synovectomy, Chondroplasty, labral and biceps debridement, rotator cuff repair, acromioplasty, and Mumford procedure on 12/20/13. Records indicated that 24 visits of post-operative physical therapy were authorized. The 2/24/14 treating physician report cited significant improvement in right shoulder symptomatology, continued left shoulder pain, and persistent neck pain radiating to the upper extremity with numbness and tingling. The right shoulder exam findings documented a well-healed anterior scar, anterior tenderness, limited range of motion and weakness, and pain with terminal motion. The diagnosis was cervical discopathy/radiculitis, bilateral shoulder adhesive capsulitis and impingement syndrome, and status post right shoulder arthroscopy. Continued rehabilitation for the right shoulder was recommended. The 4/2/14 physical therapy chart note indicated range of motion and strength were improving with less pain. The 4/18/14 utilization review denied the request for continued post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Post-operative Physical Therapy, twelve (12) sessions (2x6), 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 for rotator cuff repair/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 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. Twenty-four physical therapy sessions have been authorized consistent with guidelines. There is no documentation available relative to specific functional deficits or treatment goals to support the medical necessity of additional therapy beyond the recommended general course of post-op therapy. There is no compelling reason presented to support the medical necessity of continued supervised physical therapy over an independent home exercise program. Therefore, this request for continued post-operative physical therapy, twelve sessions (2x6) for the right shoulder is not medically necessary.