

Case Number:	CM14-0076858		
Date Assigned:	07/18/2014	Date of Injury:	02/26/2013
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 48-year-old female who reported an injury on 02/26/2013, secondary to a fall while having a seizure. Her diagnoses include osteoarthritis of the shoulder. The injured worker underwent a right shoulder hemiarthroplasty on 10/11/2013. She began postoperative physical therapy on 11/04/2013. According to the initial physical therapy evaluation, the injured worker was noted to have 90 degrees of passive right shoulder flexion, 30 degrees of abduction, 40 degrees of extension, and 10 degrees of external rotation. Range of motion of the cervical spine was noted to be within normal limits. She was also noted to have 2/5 strength with flexion, abduction, internal rotation, and external rotation, as well as 3/5 strength with right shoulder extension. The injured worker attended 28 sessions of postoperative physical therapy between 11/04/2013 and 02/25/2014 and was instructed in a home exercise program. At a followup visit on 03/06/2014, the injured worker was noted to have 60 degrees of right shoulder forward flexion and 20 degrees of abduction. Strength values were not documented on this date. The injured worker was recommended for additional physical therapy 3 times a week for 4 weeks. A Request for Authorization was submitted on 03/19/2014 for physical therapy 3 times a week x4 weeks. Ad a followup visit on 04/11/2014, the injured worker was noted to have 60 degrees of forward flexion, and 70 degrees of active forward flexion of the right shoulder, and 70 degrees of active abduction with 70 degrees of external rotation. She was recommended to undergo additional physical therapy. The medical records submitted for review indicate that the injured worker did not attend physical therapy between 02/26/2014 and 04/23/2014. The injured worker began an additional course of physical therapy on 04/24/2014. She attended at least 6 visits of physical therapy between 04/24/2014 and 05/14/2014. At a clinical visit on 05/19/2014, the injured worker was noted to have improved range of motion and improved tolerance to a variety of activities involving the right shoulder. She was also noted to have limited range of motion.

Specific strength and range of motion values were not documented on this date. The current request is for 12 visits of additional physical therapy for the right shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for right shoulder and neck QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for additional physical therapy for the right shoulder and neck is non-certified. The California MTUS postsurgical rehabilitation guidelines recommend an initial course of 12 visits of postoperative physical therapy following a shoulder arthroplasty. These guidelines may recommend up to a total of 24 postoperative physical therapy visits with documentation of functional improvement. The guidelines state that in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. The total postsurgical physical medicine treatment period following a shoulder arthroplasty is 6 months. The injured worker underwent a right shoulder hemiarthroplasty on 11/04/2013, and has completed 34 postoperative physical therapy visits. Additional physical therapy would be excessive according to the evidence-based guidelines for treatment duration. There was also a lack of documented evidence to indicate that the injured worker achieved significant functional improvement with the most recent course of physical therapy. Therefore, it cannot be determined that the injured worker would benefit from additional physical therapy at this time. Additionally, there is a lack of evidence to indicate that the injured worker has significant functional deficits with regard to cervical range of motion or strength. There are no exceptional factors documented to warrant treatment with additional physical therapy at this time, or to indicate that the injured worker is unable to transition to an independent home exercise program at this time. As such, the request for additional physical therapy for the right shoulder and neck, quantity 12, is non-certified.