

Case Number:	CM14-0077992		
Date Assigned:	07/18/2014	Date of Injury:	06/04/2010
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 57-year-old male sustained an industrial injury on 6/24/10. The mechanism of injury was not documented. The patient is status post multiple surgeries to the left and right shoulder, including a right shoulder arthroscopic revision, decompression and distal clavicle resection on 1/29/14. Twelve initial sessions of post-op physical therapy were authorized on 2/21/14. The 4/15/14 progress report cited right shoulder symptoms were improving. He completed 8 of 12 physical therapy visits. Right shoulder range of motion was documented as flexion 110, extension 32, abduction 105, adduction 30, internal rotation 60, and external rotation 65 degrees. There was tenderness to palpation over the distal clavicle, biceps tendon, supraspinatus tendon, and subacromial region. Additional physical therapy was recommended for 2 months using a different therapist. The patient was off work for 4 to 6 weeks. The 5/14/14 utilization review denied the request for additional therapy visits as there was insufficient available clinical information to support the medical necessity of continued care. The 5/28/14 treating physician report cited shoulder soreness. There was pain and weakness with overhead reaching. Shoulder range of motion testing documented flexion 153, extension 46, abduction 146, adduction 32, internal rotation 83, and external rotation 85 degrees. There was pain above 110 degrees. The treatment plan recommended post-op therapy as recommended by the orthopedic AME, 2x4, and then 1x4. The 5/29/14 orthopedic AME report documented the patient had only completed 8 visits of post-op physical therapy, consisting of passive modalities. There was 4/5 weakness of the shoulders bilaterally and the right elbow documented. The AME recommended completion of post-op physical therapy for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy three (2) times a week for four (4) weeks, then one (1) time a week for four (4) weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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. The post-surgical treatment period would have continued through 7/29/14. Records indicated that the patient had attended 8 visits which consisted of passive modalities and stopped going because he didn't see any benefit. He requested a change to another therapist for more active therapy and additional care was not authorized. There are documented limitations in range of motion and strength deficits. It is reasonable that additional functional improvement would be accomplished with treatment within the recommended general course of care. Therefore, this request for outpatient physical therapy three (2) times a week for four (4) weeks, then one (1) time a week for four (4) weeks for the right shoulder (12 visits) is medically necessary.

