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| Case Number: | CM14-0088386 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/23/2011 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 Family Medicine 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 is a 40-year-old female who reported an industrial injury on 9/23/2011, over three (3) years ago, attributed to the performance of her usual and customary job duties. The patient underwent a right sided carpal tunnel release on 6/16/2013. Subsequently the patient underwent right shoulder arthroscopy with distal clavicle excision; debridement; and SAD on date of surgery of 2/6/2014. The patient was authorized 24 sessions of postoperative rehabilitation PT. The patient continued to complain of postoperative pain in the neck and right upper extremity. The objective findings on examination included forward flexion at 130; external/internal rotation at 90; muscle strength 5/5; neurological functions intact; sensation intact. The patient was continued as TDD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability guidelines: Shoulder Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204, Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Shoulder section---physical therapy; exercises American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114

Decision rationale: There was no clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the post-operative right shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed 24 sessions of the previously authorized PT/physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is eight (8) months s/p date of surgery for the shoulder whereas the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of PT. The patient is documented to received prior sessions of postoperative rehabilitation physical therapy directed to the right shoulder. There is no provided rationale to support the additional 3x4 sessions of postoperative PT other than for increased strengthening. There was no documented muscle atrophy that required more than a simple self directed home exercise program. The patient was reported to have less than full range of motion and some weakness however was not established as participating in a self-directed home exercise program as recommended by evidence-based guidelines. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder s/p arthroscopy-SAD. The patient is documented to have received prior authorization for a significant number of sessions of PT. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of postoperative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. There is no demonstrated medical necessity for an additional 34 sessions of physical therapy directed to the postoperative right shoulder.