

Case Number:	CM14-0089210		
Date Assigned:	07/23/2014	Date of Injury:	03/08/2013
Decision Date:	09/11/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedic 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:

The claimant is a 57-year-old female who sustained a vocational injury on March 8, 2013, while inspecting parts under a microscope. The claimant underwent right shoulder surgery on February 27, 2014, to include: diagnostic and therapeutic arthroscopic procedure; debridement of glenohumeral joint with synovectomy; stabilization of the anterior glenoid and anterior capsular Arthrotec heat wave; open subacromial decompression; Mumford procedure; excision of a large spur from the anterolateral acromion; repair of a defect in the rotator cuff near the supraspinatus attachment with a swivel lock anchor; and excision of the coracoacromial ligament. The records available for review included an office note dated July 23, 2014, at which time the claimant appeared to be neither clinically nor subjectively improved. Upon exam, she had satisfactory appearance and position after decompression with distal clavicle resection and rotator cuff repair. She was diagnosed with shoulder impingement after the aforementioned surgical intervention. The claimant was recommended to receive a right shoulder cortisone injection under fluoroscopy and ultrasound. Records also document that the claimant attended approximately eighteen physical therapy visits as of May 27, 2014. A physical therapy note dated May 21, 2014, indicated that the claimant was making slow progress to gain range of motion and function in the right shoulder. Her complaints of neck pain included possible radiculopathy. Upon exam, her shoulder was tender with motion limited to abduction 60 degrees, flexion to 80 degrees, external rotation to 5 degrees, and internal rotation behind the back with minimal strength. The current request is for additional outpatient physical therapy to the right shoulder two times a week during a four-week period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the right shoulder 2 times a week over 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Treatment guidelines for Shoulder, the request for additional outpatient physical therapy is not considered medically necessary. The Post-Surgical Guidelines state that the need for continued physical therapy should be based on documented quantifiable objective evidence of improved function, decreased subjective complaints of pain and increased overall functional improvement. Despite undergoing eighteen physical therapy visits, records available for review document that the claimant showed slow to minimal improvement. There are no records to indicate whether the claimant pursued a home exercise program or whether she received the recommended ultrasound and fluoroscopically guided corticosteroid injection, which may also decrease subjective complaints and abnormal physical exam objective findings as well as increase functional improvement. The completed sessions of physical therapy to date should have offered an adequate time frame for the claimant to make significant progress with her postoperative function. Therefore, based on the absence of successful documentation presented for review and in accordance with California MTUS Post-Surgical Treatment guidelines for Shoulder, the request for additional physical therapy at this time is not medically necessary.