

Case Number:	CM14-0091296		
Date Assigned:	09/12/2014	Date of Injury:	09/22/2012
Decision Date:	10/14/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 30-year-old male with a date of injury of 9/22/12. The mechanism of injury to the right shoulder was not noted. It was noted on 6/6/14 that the patient has had 45 post-op physical therapy sessions. On 5/21/14, he complained of pain in the left shoulder aggravated with overhead reaching and overhead work. On exam of the left shoulder there was restricted range of motion and impingement test is positive on the left. (The notes of 5/21/14 state left shoulder, however, the injury is to the right shoulder and diagnosis state right shoulder for all impressions stated.) The diagnostic impression is s/p right shoulder arthroscopic surgery 11/16/13, right shoulder strain, rule out tendinitis, rotator cuff tear, and impingement. Treatment to date: right shoulder arthroscopic surgery 11/16/13, physical therapy, medication management
A UR decision dated 6/6/14 denied the post-op physiotherapy for the right shoulder 2x6. The post-op physiotherapy was denied because MTUS Postsurgical Guidelines support up to 24 physical therapy sessions following shoulder surgery for rotator cuff/impingement syndrome and as of 6/6/14, the patient has had 45 post-op physical therapy sessions. The patient should be well versed in a strong home exercise program by now.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physiotherapy for the right shoulder 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Shoulder Chapter, post-op physical therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. The postsurgical treatment guidelines apply to visits during the postsurgical physical medicine period only and to surgeries defined in these guidelines. At the conclusion of the postsurgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy. Guideline recommendation for post-op rotator cuff repair is 24 visits over 14 weeks. However, it was noted on 6/6/14 that the patient has had 45 post-op physical therapy session to date since his surgery on 11/16/13. It is unclear why the patient has not transitioned to a home exercise program at this time. In addition, with the addition 12 sessions requested this would be a total of 57 post-op physical therapy sessions, which greatly exceed the recommended 24 visits over 14 weeks. Therefore, the request for post-op physiotherapy for the right shoulder 2x6 was not medically necessary.