

Case Number:	CM14-0099668		
Date Assigned:	07/28/2014	Date of Injury:	09/11/2013
Decision Date:	09/09/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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:

The injured worker is a 54 year old male with a date of injury 09/11/2013 who has been complaining of right shoulder pain, which is interfering with his work duties. He is S/P left shoulder surgery on June 2011 with repair of rotator cuff tear. According to the medical records, he has had at least 24 physical therapy visits post operatively. On 7/3/14, he was seen in follow up. He is S/P right shoulder diagnostic and operative arthroscopy on 1/24/14. He has made excellent progress. He continues to have some residual pain. Physical exam showed range of motion 0-17- degrees of forward flexion and abduction, internal rotation is to L3 and strength is 4/5. Diagnosis was nearly full thickness supraspinatus rotator cuff tear with AC joint arthropathy. Recommendations are anti-inflammatory, self-directed stretching and strengthening exercise, as well as additional physical therapy. The provider submitted a prospective requested 12 additional post-operative physical therapy sessions for the right shoulder, which was denied based on the medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post-operative physical therapy sessions for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines for shoulder post-arthroscopy, allow 24 physical therapy visits over 14 weeks. CA MTUS - Physical Medicine, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP. This injured worker should have been well-versed in home exercise program after receiving at least 24 physical therapy visits, to address residual complaints, and maintain functional levels. Additionally, the request for physiotherapy would exceed the number of allowed physical therapy visits per guidelines recommendation. Therefore, this request is considered not medically necessary or appropriate in accordance with the guidelines.