

Case Number:	CM14-0114363		
Date Assigned:	09/22/2014	Date of Injury:	04/12/2012
Decision Date:	01/14/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Surgeon 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:

According to the records made available for review, this is a 45-year-old female with a 4/12/12 date of injury, status post right shoulder SLAP repair and subacromial decompression on 1/16/14. At the time (7/3/14) of request for authorization for Physical Therapy x 8 right shoulder, there is documentation of subjective (persistent right shoulder pain with difficulty laying on the right side and reaching overhead) and objective (decreased active range of motion and hypo mobility of the acromioclavicular and glenohumeral joint) findings, current diagnoses (right shoulder stiffness and capsular adhesion status post SLAP repair and subacromial decompression), and treatment to date (24 previously certified postoperative physical therapy sessions with slight increase in active range of motion and strength). Medical report identifies a request for continued skilled physical therapy. There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines/Shoulder chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of right shoulder stiffness and capsular adhesion. In addition, there is documentation of status post right shoulder SLAP repair and subacromial decompression on 1/16/14. Furthermore, there is documentation of previous postoperative physical therapy sessions with a request for continued skilled physical therapy. Lastly, given documentation of slight increase in active range of motion and strength with previous physical therapy, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, given documentation of 24 previously certified postoperative physical therapy sessions, which is the limit of guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy x 8 right shoulder is not medically necessary.