

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0186648 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 12/23/2010 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Texas. 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 54-year-old male who reported an injury on 12/23/2010 while he and 4 to 5 coworkers were moving a piece of board/scenery and the full weight settled on his right arm, pulling it down. He had immediate pain to the right shoulder region radiating to the right hand. The prior treatments included physical therapy, injection to the shoulder with medication. The MRI dated 10/2012 revealed mild partial infraspinatus tear. The past surgical history included an arthroscopy of the right shoulder. The injured worker received postoperative physical therapy. The physical examination of the right shoulder dated 10/08/2014 revealed decreased range of motion, only slight loss of internal/external rotation. Tenderness, pain and decreased strength. Right elbow and right wrist exhibited range of motion within normal limits. Right shoulder muscle strength was 4/5. Diagnoses included a right rotator cuff syndrome, history of arthroscopic shoulder surgery and right shoulder joint pain. The treatment plan included 8 more sessions of postoperative physical therapy to the right shoulder. The Request for Authorization dated 10/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy once a week for eight weeks to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 12, 27.

Decision rationale: The request for postop physical therapy once a week for 8 weeks to the right shoulder is not medically necessary. The California MTUS indicates that the general course of physical therapy means the number of visits and the time and the interval which shall be indicated for postsurgical treatment for the specific surgery and the postsurgical medicine treatment recommendations set forth in subdivision of the section. Postoperative physical medicine period means the timeframe that is needed for postoperative treatment and rehabilitation services beginning with the date of the procedure and ending with the time specific for the specific surgery of the postsurgical physical medicine treatment recommendations set forth in the subdivision of the section. For all surgeries not cover these guidelines postsurgical physical medicine period is 6 months. The medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as comorbid medical conditions, prior pathology and/or surgery involving the same body part, nature, number and complexities of the surgical procedure undertaken, presence of surgical complications and/or patient's essential work conditions. The guidelines indicate for postsurgical treatment arthroscopic is at 24 visits over 14 weeks with a treatment period of 6 months. The documentation indicates the injured worker had 24 sessions of postoperative physical therapy and was provided an additional 2 sessions for a total of 26 sessions. The request is for an additional 8 sessions, which exceeds the recommended guidelines. Additionally, the documentation did not note any special circumstances that would require additional physical therapy. As such, the request is not medically necessary.