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| Case Number: | CM14-0187801 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/19/2013 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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:

This is a 46 year old male with a work related injury dated 03/19/2013. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a Physician's Progress Report dated 10/30/2014, the injured worker is nearly 10 months postoperative for his right shoulder and 12 months postoperative for his left shoulder. The injured worker had stated that he just finished his last physical therapy session yesterday and his pain level has slightly decreased. Objective findings noted improved shoulder range of motion. Diagnoses included arthroscopic double row repair of rotator cuff tear, large Superior Labrum Anterior Posterior, excision of AC joint, acromioplasty, arthroscopically and assisted open subpectoral tenodesis long head of biceps to right shoulder and arthroscopic repair of extensive superior labral tear, and open subpectoral tenodesis long head of biceps to left shoulder. Treatments have consisted of above mentioned surgeries, postoperative physical therapy, and medications. According the 23 physical therapy daily notes that were received, manual soft tissue mobilization, therapeutic exercise, ultrasound, ice massage, and cold packs were used as treatment modalities. Diagnostic testing included left shoulder x-rays dated 06/23/2014, which noted mild acromioclavicular joint osteoarthritis and interval biceps tenodesis and right shoulder x-rays dated 06/20/2014, which noted postoperative changes, nothing acute otherwise. Work status is noted as modified work with restrictions of no lifting, pushing, pulling or forceful gripping over 40 pounds with either hand, office work only. On 11/05/2014, Utilization Review denied the request for Physical Therapy Post-Op Continued Two Times a Week for Four Weeks, in Treatment of the Bilateral Shoulders QTY: 8 citing California Medical Treatment Utilization Schedule, Post-Surgical Rehabilitation for the shoulder, which recommends 24-30 visits over 14 to 18 weeks for postsurgical rotator cuff repair with the postsurgical physical medicine treatment being 6 months. The Utilization Review physician stated that the injured worker is nearly 10

months postoperative from his right shoulder surgery and 12.5 months from his left shoulder surgery. The provided documentation did not indicate how many physical therapy visits he had attended, however it was indicated that he had completed his last physical therapy session and there was no justification from the physician regarding why more therapy is needed in excess of the typical amount recommended by the guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Post-Op Continued Two Times a Week for Four Weeks, in Treatment of the Bilateral Shoulders QTY: 8: Upheld

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

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

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. Within the medical information available for review, there is documentation of a diagnosis of right cubital tunnel syndrome. In addition, there is documentation of status post arthroscopic double row repair of rotator cuff tear, large Superior Labrum Anterior Posterior, excision of AC joint, acromioplasty, arthroscopically and assisted open subpectoral tenodesis long head of biceps to right shoulder on 1/6/14; arthroscopic repair of extensive superior labral tear, and open subpectoral tenodesis long head of biceps to left shoulder on 10/7/13; and 23 sessions of post-operative physical therapy sessions completed to date, functional deficits, and functional goals. However, given that the requested 8 sessions of physical therapy, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, given documentation of a 1/6/14 date of surgery, post-surgical treatment period exceeds guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy post-op continued two times a week for four weeks, in treatment of the bilateral shoulders Qty: 8 is not medically necessary.