

Case Number:	CM14-0190415		
Date Assigned:	11/21/2014	Date of Injury:	07/29/2011
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 59-year-old male with a 7/29/11 date of injury. According to a progress report dated 10/21/14, the patient was status post left rotator cuff repair, decompression, and distal clavicle resection on 11/13/13. He developed post-op adhesive capsulitis requiring arthroscopic capsular release, manipulation on 7/17/14. On physical examination, the patient had excellent wound healing. He tolerated 0 to 155 degrees forward flexion, forward elevation, and abduction. With the shoulder abducted 90 degrees, he had 75 degrees external humeral rotation and 30 degrees of internal rotation. He had 4/5 motor strength of his rotator cuff muscles. The patient was advised to continue with formal supervised physiotherapy once a week for 6 weeks. Diagnostic impression: not provided. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 11/3/14 denied the request for post-op physical therapy 1xWk x 6Wks, left shoulder. There is no documentation in reference to the total number of physical therapy sessions completed. The patient is now over 14 weeks post op from arthroscopic capsular release and manipulations and guidelines do not recommend therapy over 14 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left shoulder, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Section Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, in the present case, it is unclear how many physical therapy sessions this patient has completed post-operatively. Guidelines support up to 24 visits over 14 weeks for arthroscopic capsular release, with a postsurgical physical medicine treatment period of 6 months. In addition, there is no documentation of functional improvement from the previously completed physical therapy treatment. Furthermore, there is no rationale provided as to why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for Post operative physical therapy for the left shoulder, once weekly for six weeks was not medically necessary.