

Case Number:	CM14-0192316		
Date Assigned:	11/26/2014	Date of Injury:	12/16/2011
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Minnesota. 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 sustained an industrial injury to the right shoulder on 12/15/2011. The documentation indicates that he fell backward into the bed of a truck that suddenly accelerated forward. He landed on the outstretched right arm and felt a crunch and a pop. He had complaints of pain in the neck, mid back, lower back, and most significantly in the right shoulder. An MRI scan of the right shoulder dated January 19, 2012 was reported to show outlet impingement and rotator cuff arthropathy. Superior migration of the humeral head measuring 3 mm was noted. A degenerative tear of the anterior and superior labrum extending into the biceps tendon insertion at the anchor was noted. There was a complete tear and retraction of the supraspinatus mechanism. A partial tear of the infraspinatus was also noted. There was a moderate joint effusion. He underwent arthroscopic synovectomy, debridement of the labrum, arthroscopic subacromial decompression with acromioplasty and arthroscopic distal clavicle resection (Mumford procedure) and arthroscopic repair of the rotator cuff tear on 4/30/2014. The disputed request pertains to postoperative physical therapy 3 times a week for 6 weeks to the right shoulder. Documentation indicates that utilization review authorized 26 visits of physical therapy; however, the total number attended was not documented. The request was modified by utilization review to an additional physical therapy course of 1-2 times a week for up to 6 weeks. The date of modification of the request was 10/28/2014. The physical therapy notes dated 8/22/2014 document 17 visits. Continuing pain was reported in the right shoulder with a range from 3/10-10/10. Shoulder flexion was 98 and abduction 80. Internal rotation was to S1. He was independent with home exercise program. Additional notes include a pain management progress report dated 10/30/2014 which indicated a prescription for tramadol. The notes indicate that he was about to start a second round of physical therapy. However, documentation with

regard to the total number of physical therapy visits is not submitted. The IMR pertains to the utilization review decision of 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 3 Times A Week for 6 Weeks to The Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: The postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff repair and acromioplasty. The postsurgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy of one half of the 24 visits which is 12 visits. After completion of these 12 visits if there is objective documentation of continuing functional improvement, a subsequent course of therapy may be prescribed within the above parameters. If after completion of the subsequent course of therapy it is concluded that additional functional improvement is likely it may be extended further but not beyond the postsurgical physical medicine treatment period of 6 months. The available documentation indicates that 26 visits were initially authorized and an additional 6 weeks of therapy of 1-2 visits per week was then authorized by utilization review. The documentation also indicates that the injured worker was independent with a home exercise program. There was no reason why the injured worker could not transition to a home exercise program. Based upon the guidelines, the request for the additional physical therapy 3 times a week for 6 weeks exceeds the guidelines and goes beyond the postsurgical physical medicine treatment period of 6 months from 4/30/2014 and as such the medical necessity of the request is not substantiated.