

Case Number:	CM14-0195251		
Date Assigned:	12/02/2014	Date of Injury:	12/03/2010
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The injured worker is a 57-year-old female, with a reported dated of injury of 11/14/2014. The result of injury was right shoulder, right knee, left knee, and right ankle pain. The current diagnosis include status post right shoulder rotator cuff repair with subacromial decompression and manipulation under anesthesia. The past diagnoses include right shoulder adhesive capsulitis and rotator cuff tear; right knee medial meniscal tear with osteoarthritis; left knee osteoarthritis; and right ankle ligamentous strain. Treatments have included physical therapy to the right shoulder, and Celestone 3mg/ml injection for the right shoulder. The medical records provided the physical therapy reports from visits made from 08/28/2014 to 10/15/2014. The physical therapy progress note dated 10/15/2014 indicated that injured worker admitted overall improvement since the start of therapy. She rated her pain an 8 out of 10. Her worst pain was rated a 10 out of 10, and her best pain was rated a 3 out of 10. The treating therapist noted that the injured worker continued to have significant deficits in active range of motion, and she would benefit from continued skilled physical therapy to further increase her range/strength, and to assist her towards reaching functional goals. The progress report (PR-2) dated 10/10/2014 indicated that the injured worker had completed physical therapy and noted improvement regarding range of motion. However, the injured worker continued to have motion loss. The treating physician indicated that she would probably benefit from additional physical therapy. The physical examination of the right shoulder showed pain with external rotation; flexion at 160 degrees; abduction at 140 degrees; internal rotation at 60 degrees; external rotation at 60 degrees; normal motor function; and normal deep tendon reflexes. The treating physician requested additional post-operative physical therapy, with ultrasound, massage, and therapeutic exercises, since the injured worker benefitted from the previous therapy and still had room for improvement. The injured worker's disability status was temporary total disability. The letter of

appeal dated 11/11/2014 indicated that the injured worker continued to have reduced range of motion and weakness to the right shoulder. She also had pain to the right shoulder associated with inflammation. The physical therapy was requested to improve range of motion and strength, and to decrease inflammation and pain. On 11/14/2014, Utilization Review (UR) provided modified certification for the request for additional post-operative physical therapy three (3) times a week for four (4) weeks for the right shoulder. The UR physician noted that the MTUS Postsurgical Treatment Guidelines support a total of thirty (30) visits, and the injured worker has completed twenty-four (24).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: additional post-op physical therapy 3 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 30 visits of post-operative physical therapy over 18 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 status post right shoulder rotator cuff repair with subacromial decompression and manipulation under anesthesia. In addition, there is documentation of status post open right shoulder rotator cuff repair with subacromial decompression and manipulation under anesthesia on 8/26/14 and 24 sessions of post-operative physical therapy sessions completed to date with reported improvement. However, despite 11/11/14 medical's report documentation that it is medically necessary that the patient be treated with physical therapy to improve range of motion and strength, as well as to decreased inflammation and pain, and given that the request is for additional post-op physical therapy 3 times a week for 4 weeks, which in addition to the treatment already completed would exceed guidelines, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service, additional post-op physical therapy 3 times a week for 4 weeks for the right shoulder is not medically necessary.