

Case Number:	CM14-0196793		
Date Assigned:	12/04/2014	Date of Injury:	12/04/2012
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 documentation made available indicates an injury date of 12/4/2012. The mechanism of injury resulted from carrying some materials on the right shoulder up a flight of stairs. The materials got caught on something and the injured worker got jerked and pulled backwards resulting in pain around the right shoulder and neck as well as the lower back. He underwent surgery on 6/12/2014 consisting of right shoulder arthroscopy with subacromial decompression, extensive debridement, chondroplasty of glenohumeral joint with removal of loose bodies and arthroscopic distal clavicle resection. Postoperatively he completed 26 physical therapy visits. The disputed issues pertain to a request for additional physical therapy 24 for the right shoulder.. The focus was on a rotator cuff strengthening program and posture. The request was noncertified by utilization review citing California MTUS guidelines. The worker had received an extensive course of physical therapy totaling 26 authorized visits and was well versed with self-directed stretching and strengthening exercises. There was limited evidence of significant functional gains as well as decreased pain intensity as a result of prior therapy. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A transition to a home exercise program was recommended. Per exam note dated November 7, 2014 the injured worker was doing well. His range of motion of the shoulder was much improved. He was complaining of neck pain and interscapular pain. Impingement testing was negative. There was mild discomfort in the upper trapezius area and cervical paravertebral muscles and interscapular region. He had poor posture. At this point he was 5 months post-surgery. The treating physician suggested a return to light work at the 6 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2 x 4 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 California MTUS postsurgical treatment guidelines indicate 24 physical therapy visits over 14 weeks for impingement syndrome. The postsurgical physical medicine treatment period is 6 months. The documentation indicates the injured worker had completed 26 physical therapy visits. There was no documentation of continuing objective functional improvement. He was instructed in a home exercise program and there was no reason given why he could not transition to the same. The guidelines indicate an initial course of therapy of 12 visits. With documentation of objective functional improvement a subsequent course of therapy of 12 visits may be prescribed within the above parameters. The 26 completed visits exceeded the guidelines. As such, the request for additional physical therapy 2 x 4 for the right shoulder was not supported by guidelines and the medical necessity was not established.