

Case Number:	CM14-0197135		
Date Assigned:	12/05/2014	Date of Injury:	09/25/2013
Decision Date:	04/02/2015	UR Denial Date:	10/31/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old male who sustained an industrial injury on 9/25/2013. Injury was reported relative to pulling a refrigerator. He was diagnosed with a right shoulder labral tear and impingement syndrome. He underwent right shoulder arthroscopic subacromial decompression, coracoacromial ligament resection, partial claviclectomy and acromionectomy, and biceps tenodesis on 7/16/14. He was approved for 24 post-op physical therapy visits. The 10/6/14 physical therapy notes indicated the injured worker was progressing well toward his goals after 14 sessions. There were continued strength deficits and range of motion limitations. Eight additional physical therapy sessions were recommended to regain full function. The 10/9/14 treating physician report cited grade 3-4/10 right shoulder pain. The patient was doing home exercises and physical therapy. Right shoulder exam documented improved range of motion with forward flexion 120, abduction 120, extension 20, external rotation 30, and internal rotation 30 degrees. The biceps was in good position. The patient was to continue right shoulder physical therapy and home exercise. On 10/31/2014, utilization review evaluated a prescription for eight sessions of physical therapy that was submitted on 11/12/2014. The UR physician noted the worker did not finish ten of his approved post-operative physical therapy sessions prior to requesting additional sessions. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to 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 2 Times A Week for 4 Weeks to The Right Shoulder: 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: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. 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. Records indicate that the patient was approved for the full general course of post-op physical therapy (24 visits). At the time of this request, he had only completed 14 sessions. The request for an additional 8 visits is within the current certified treatment. There is no compelling reason to support the medical necessity of additional supervised treatment before the care already certified has been completed and residual functional deficits identified. Therefore, this request is not medically necessary.