

Case Number:	CM14-0198756		
Date Assigned:	01/27/2015	Date of Injury:	07/01/2012
Decision Date:	02/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/26/2014

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: Minnesota, Florida
 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 70-year-old male with a date of injury of 7/1/2012. On that day some boxes of toilet paper fell and struck him on the lateral aspect of the left humerus. He fell and landed on his back and hit his head. Per AME of 8/15/2014 his complaints included bilateral shoulder pain, low back pain, neck pain and right knee pain. An MRI scan of the right shoulder revealed a large full-thickness rotator cuff tear involving the entire supraspinatus and nearly the entire infraspinatus with atrophic changes and retraction. Partial tear of the subscapularis was also noted. The superior labrum was torn as well as the biceps attachment. There was acromioclavicular arthritis noted with inferior spurring. Degenerative changes were also noted in the greater tuberosity. A left shoulder MRI scan revealed similar findings, only worse. The AME opined that due to the extensive nature of the tears bilaterally, repairs were not feasible. This was based upon the age, magnitude of the tears, primary repair of the tears and the extent of the tears. NSAIDs were reasonable and 2-3 corticosteroid injections per year were recommended. If any surgery were to be performed it would consist of a subacromial decompression and excision of the distal clavicle. Even then there would likely be no significant improvement. The issue under dispute is a request for postoperative physical therapy consisting of 24 sessions for the right shoulder modified to 6 postoperative sessions per IMR request. Reference is made to a utilization review denial of 11/6/2014. However, the utilization review denial of 11/6/2014 was for 8 physical therapy treatments for the right shoulder as an outpatient. This was based upon lack of data supporting ongoing physical therapy. A progress report dated August 18, 2014 indicated that the worker was attending 3 physical therapy sessions a week with

no change in the pain. The available medical records do not include any documentation pertaining to surgery on the right shoulder and so the request for postoperative physical therapy does not apply. The utilization review also does not document any surgery. The request was for out-patient physical therapy and not post-operative physical therapy per UR denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post operative physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines Page(s): 27, 10, 11.

Decision rationale: The documentation provided does not include an operative report or post-operative notes indicating that surgery has been performed. Therefore the post-surgical treatment guidelines do not apply. The request for 24 post-operative physical therapy sessions as stated is not supported. Even after surgery for rotator cuff tear/ impingement syndrome, the initial course of therapy is 12 visits and then with documentation of objective functional improvement a subsequent course of therapy of an additional 12 visits may be prescribed. The available documentation and the UR denial of 11/6/2014 was for 8 requested additional physical therapy visits. The AME of 8/15/2014 did not recommend surgery for the shoulders. The progress note dated 8/18/2014 does not document any change with ongoing physical therapy. A detailed shoulder exam and rationale for additional physical therapy were not included. The MTUS shoulder guidelines on page 203 recommend transition to a home exercise program for pendulum exercises and passive range of motion and stretching as needed after instruction by a physical therapist. In light of the above guidelines, the request for 24 post-operative physical therapy sessions for the right shoulder is not supported and as such, the medical necessity of the request is not substantiated.