

Case Number:	CM14-0207273		
Date Assigned:	12/19/2014	Date of Injury:	06/18/2013
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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:

This is a male patient with a date of injury of June 18, 2013. A utilization review determination dated November 25, 2014 recommends non-certification of additional post-operative physical therapy evaluation and treatment to the left shoulder twice a week for 12 weeks with modification to 2 times a week for 6 weeks. A progress note dated October 10, 2014 identifies subjective complaints of moderate post-operative pain, the patient has been compliant with the treatment plan, and the patient is currently not working. The physical examination identifies that the wound is well-healed, the site has no swelling, the involved region has minimal tenderness, and the involved region is neurovascularly intact. The diagnoses include status post left shoulder rotator cuff repair, subacromial decompression, and distal clavicle excision. The treatment plan recommends progressive weight bearing as tolerated, and continue range of motion and gentle progressive strengthening. An operative report dated August 7, 2014 identifies a left shoulder arthroscopy with debridement and biceps tenotomy, left shoulder arthroscopic subacromial decompression, left shoulder arthroscopic distal clavicle excision, and left shoulder arthroscopic rotator cuff repair. An initial physical therapy report dated September 12, 2014 identifies a treatment plan of physical therapy for 2 times a week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy evaluation and treatment to the left shoulder twice a week for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for additional postoperative physical therapy evaluation and treatment to the left shoulder twice a week for 12 weeks, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of an unspecified number of PT sessions, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the current number of visits being requested, along with the number already completed, exceeds the maximum 24 visits recommended by guidelines for the patient's diagnoses. In light of the above issues, the currently requested additional postoperative physical therapy evaluation and treatment to the left shoulder twice a week for 12 weeks is not medically necessary.