

Case Number:	CM14-0218103		
Date Assigned:	01/07/2015	Date of Injury:	05/27/2014
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York, New Hampshire, Washington
 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 documentation dated November 21, 2014 was for a physical therapy re-evaluation following a treatment history of 24 visits. Diagnoses at this visit included upper extremity dysfunction, right shoulder dislocation acromioclavic closed, rotator cuff rupture and bicipital tenosynovitis. Subjective complaints included consistent right shoulder pain rated a four to five on a scale of ten and could go up as high as five to seven. The worker was using ice and a TENS unit at home. The worker reported he felt more therapy would help especially with pain. The worker reported that he was doing his home exercise program two times per day and was working out at the gym. Active range of motion of the shoulder was reduced with flexion, abduction, internal rotation, external rotation and with pain at the end of range of all motion. Goals achieved to date reflected increased upper extremity strength to a plus four on a scale of five. A continued goal for continuation of physical therapy was for increased range of motion and strength to allow the patient to reach overhead without pain. The orthopedic physician's visit dated November 24, 2014 reflected that the worker was reporting increased strength in the right shoulder, but did note continued pain in the deltoid and upper trapezius. The worker was also complaining of neck and left shoulder pain that he felt was due to compensating for his right shoulder. Range of motion was limited when rotating to the left side as compared to the right. He was also complaining of some pain in the inter-scapular area and upper back, which had been present for some time but had never been assessed or treated. Physical exam was remarkable for decreased range of motion in the right shoulder. All strength in the right arm was five on a scale of five. The cervical spine had tenderness to palpation over the trapezius muscle and the cervical paraspinal muscles.

Range of motion in the cervical area was reduced due to pain when rotation to the right side and was all neck pain and not radicular pain. An x-ray of the cervical spine showed minimal degenerative changes at the lower levels. Diagnoses at this visit were the same as those in the physical therapy re-evaluation. At this visit, the physician recommended ongoing home exercise program with progressive activities as tolerated. The work status at this visit was to full return to duty with no activity restrictions. An authorization request dated November 25, 2014 requested continuation of physical therapy two times per week for four weeks. The utilization review decision dated December 13, 2014 non-certified the request for post-operative physical therapy two times per week for four weeks. The rationale for non-coverage reflected that the worker had reached the recommended post-operative therapy plan of 24 visits. The documentation did not show any extenuating circumstances to support physical exceed current treatment guidelines or that the claimant cannot perform a home exercise program. Therefore, the medical necessity for this request was not supported by the guidelines. The basis for this denial was the MTUS Post-Operative Physical Therapy Arthroscopy guidelines, which is 24 visits over 14 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Post-Operative Physical Therapy 2 times a week for 4 weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS Post-Operative Physical Therapy Arthroscopy guidelines, which is 24 visits over 14 weeks. This patient has already had shoulder surgery with postop physical therapy. There is no documentation of significant functional improvement with previous PT. No reason stated why a home PT program can not be used at this time. MTUS criteria not met.