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| Case Number: | CM14-0040978 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/22/2011 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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 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:

The patient is a 35 year old male who sustained a work related injury on December 22, 2011. The injured worker fell four feet directly onto his right shoulder suffering a comminuted four-part proximal humerus fracture. The injured worker underwent an open reduction internal fixation at that time. Due to persistent stiffness, an arthroscopic capsular release was performed in May 2012 without improvement of range of motion. In April 2013 hardware was removed. According to the latest operative report on December 18, 2013, the injured worker underwent arthroscopy/bursoscopy right shoulder, subacromial decompression with resection coracoacromial ligament, partial acromionectomy, Mumford (partial claviclectomy), extensive lysis of adhesions and synovectomy for a retracted irreparable rotator cuff tendon tears. The patient received 20 sessions of physical therapy postoperatively, home exercise program and is currently on Naproxen for pain. No other current treatment was noted. According to the progress reports dated March 20, 2014 the injured worker continues to have pain and soreness, limited range of motion and feels therapy is helping his strength and function. Objective findings are noted as AROM FF 90; Extension 30; Abduction 75; ER and IR both at 45 degrees with strength 3/5. The possibility for a future reversal of the total shoulder was documented. The patient remains on temporary total disability (TTD). The treating physician has requested authorization for additional physical therapy two times a week for six weeks to the right shoulder. On March 25, 2014 the Utilization Review denied the certification for additional physical therapy two times a week for six weeks to the right shoulder. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Postsurgical Treatment Guidelines. A Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for six (6) 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): 26-27.

Decision rationale: The request for physical therapy (PT) twice per week for six weeks to the right shoulder is not medically necessary. According to the California MTUS Postsurgical Treatment Guidelines, Postsurgical Physical Medicine for the complete rupture of a rotator cuff may be allotted 40 visits of physical therapy. The injured worker was indicated to have undergone a complete rotator cuff repair on 12/18/2013. However, there was lack of documentation to specify the number of previous physical therapy visits and lack of objective functional improvement from the previous sessions. In the absence of documented objective functional improvements from the previous physical therapy sessions and lack of documentation in regards to the number of previous physical therapy sessions completed with documented objective functional gains for review, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.