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| Case Number: | CM15-0146578 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 01/05/2015 |
| Decision Date: | 09/03/2015 | UR Denial Date: | 07/07/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 41 year old female who reported an industrial injury on 1-5-2015. Her diagnoses, and or impression, were noted to include: left upper arm-shoulder strain with left shoulder internal derangement; and left shoulder rotator cuff tear, status-post left shoulder arthroscopy with decompression, debridement and rotator cuff repair on 4-17-2015. Recent magnetic imaging studies of the left shoulder were done on 1-26-2015. Her treatments were noted to include: a comprehensive orthopedic evaluation on 2-11-2015; left shoulder surgery (4-17-15); post-operative physical therapy; medication management; and rest from work. The progress notes of 6-17-2015 reported a re-evaluation for the right knee and left shoulder, status-post surgeries; that she was doing well with improving left shoulder range-of-motion and strength since the left shoulder surgery. Objective findings were noted to include well-healed arthroscopic portals on the left shoulder with limited strength due to pain. The physician's requests for treatments were noted to include additional post-operative physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional postoperative physical therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work in January 2015 and underwent arthroscopic left shoulder surgery on 04/17/15 for repair of a full thickness rotator cuff tear. Case notes reference completion of 33 physical therapy treatments. When seen, she had undergone right knee arthroscopic surgery on 06/05/15. She was having right knee pain and discomfort with decreased range of motion and strength. Her symptoms had improved since her recent surgery. Her left shoulder had improved as well. Physical examination findings included decreased shoulder range of motion limited by pain and there were expected postoperative findings of the knee. Physical therapy for both the knee and shoulder was requested. Post surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one-half of this number of visits. In this case, the requested number of initial post-operative therapy visits is in excess of the guidelines recommendation and is not considered medically necessary. In terms of the claimant's shoulder, she has already had an appropriate course of physical therapy following her surgery. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of additional skilled physical therapy treatments requested in excess of the number required and would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.