MAXIMUS Federal Services

Case Number:	CM15-0208284		
Date Assigned:	10/27/2015	Date of Injury:	04/16/2012
Decision Date:	12/15/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 04-16-2012. She has reported injury to the right shoulder. The diagnoses have included shoulder pain; osteoarthrosis, localized, primary, involving shoulder region; and status post right shoulder total arthroplasty, on 03-05-2015. Treatment to date has included medications, diagnostics, injections, home exercise program, physical therapy, and surgical intervention. Medications have included Wellbutrin, Trazodone, Norco, and Naproxen. A progress report from the treating provider, dated 09-15-2015, documented an evaluation with the injured worker. The injured worker reported right shoulder pain; the pain is "mild to moderate, much improved, occasional throbbing"; she is only taking Naproxen for pain control; she was able to stop the Norco four days post-op; she is in therapy again, working on motion and strength; her range of motion has improved; she still has functional difficulties such as doing dishes, driving, grocery shopping, and cleaning her house; she can now reach overhead slowly, wash and brush her hair, and reach into higher cabinets; she reports mild numbness around her incision, nearly resolved; and she is off work since 2014. Objective findings included she is in no distress; the surgical site is "healed nicely"; shoulder range of motion is limited; and "functional improvement is evident". The provider noted that x-rays, taken on this day of exam, revealed right shoulder "prosthesis in good placement, no peri-prosthetic fractures". The treatment plan has included the request for additional post-operative physical therapy, 2 times a week for 4 weeks, for the right shoulder. The original utilization review, dated 09-22-2015, non-certified the request for additional post-operative physical therapy, 2 times a week for 4 weeks, for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, 2 times a week for 4 weeks, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with RIGHT shoulder pain. The request is for additional post-operative physical therapy, 2 times a week for 4 weeks, for the right shoulder. The request for authorization form is dated 09/15/15. The patient is status post RIGHT total shoulder arthroplasty, 03/05/15. Patient's diagnoses includes osteoarthritis, localized, primary, involving shoulder region; shoulder pain; hypertension; depression. Physical examination reveals the surgical incision site is healed nicely. Shoulder range of motion is limited. Post-op she had 2 steroid injections, and PT, though she had to stop due to pain. Patient's medication includes Naproxen. Per progress report dated 09/15/15, the patient is returned to modified work. MTUS post-surgical guidelines, pages 26-27, Shoulder Section recommends: "Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0;715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months." Per progress report dated 09/15/15, treater's reason for the request is "for final phases of strengthening. They will emphasize HEP as well." In this case, the patient is now just outside the postsurgical treatment period. But patient continues with RIGHT shoulder pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. However, review of provided physical therapy reports show the patient has had 22 postoperative sessions. The request for 8 additional sessions of physical therapy would exceed what is recommended by MTUS for this postsurgical condition. Therefore, the request IS NOT medically necessary.