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| Case Number: | CM15-0218716 | | |
| Date Assigned: | 11/10/2015 | Date of Injury: | 04/01/1985 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/24/2015 |
| Priority: | Standard | Application Received: | 11/06/2015 |

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: Illinois, California, Texas
 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:

This injured worker is a 52-year-old male who sustained an industrial injury on 4/1/85. Injury was reported relative to cumulative trauma as a police officer. Past medical history was positive for migraine headaches. Past surgical history was positive for C5/6 and C6/7 artificial disc replacement surgery on 1/8/13. He underwent right shoulder arthroscopic rotator cuff repair and biceps tenodesis on 8/25/15. Records documented that the injured worker had been approved for 24 post-op physical therapy sessions. The 10/12/15 treating physician report indicated that the injured worker was improving with no pain (0/10). He was attending rehabilitation and performing home exercise. The right shoulder incision was well-healed and there was no swelling. He was very pleased with his progress and was going to begin on Phase II of his rotator cuff repair protocol and discontinue the use of the sling. The injured worker is currently retired. Authorization was requested for 24 sessions of physical therapy for the right shoulder. The 10/24/15 utilization review non-certified the request for 24 sessions of physical therapy for the right shoulder as there was no significant findings that would warrant additional supervised physical therapy over a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, quantity: 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This injured worker presents status post right shoulder arthroscopic rotator cuff repair and biceps tenodesis on 8/25/15. He has been certified for 24 post-op physical therapy sessions consistent with the recommended general course of post-operative care. A home exercise program is in place. There is no current documentation of a specific functional deficit or functional treatment goal to be addressed by additional supervised physical therapy over an independent home exercise program. There is no clear indication that additional functional improvement can be accomplished to support an exception to guidelines. Therefore, this request is not medically necessary.