

Case Number:	CM15-0058774		
Date Assigned:	04/03/2015	Date of Injury:	07/29/2013
Decision Date:	05/18/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/27/2015

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: Minnesota, Florida
 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 injured worker is a 47 year old male, who sustained an industrial injury on July 29, 2013. The injured worker had reported right shoulder pain. The diagnoses have included right shoulder chronic impingement syndrome and right shoulder rotator cuff tear. Treatment to date has included medications, radiological studies, physical therapy and right shoulder surgery in August of 2014. Current documentation dated January 9, 2015 notes that the injured worker was status post right shoulder surgery and reported his right shoulder pain to be rated a five out of ten on the visual analogue scale. Physical examination of the right shoulder revealed tenderness and an improved range of motion. Spasms of the cervical trapezius muscles were decreased. The injured worker was noted to be receiving physical therapy had a decrease in pain and an improved range of motion. The treating physician's plan of care included a request for additional post-operative physical therapy # 6 to 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-op physical therapy x 6 sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The injured worker is a 47-year-old male status post surgery for impingement syndrome / rotator cuff syndrome in August 2014. The diagnosis is status post right shoulder arthroscopic subacromial decompression. The documentation indicates continuing pain but does not specify the range of motion or motor strength. There is no documentation of recent continuing functional improvement from the physical therapy. The request is for additional 6 physical therapy sessions for the right shoulder. California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome / impingement syndrome. The initial course of therapy is one half of these 24 visits which is 12. Then with documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed within the 14 weeks. If additional functional improvement is likely and has been documented the physical therapy may continue up to a maximum of 6 months from the date of surgery. The available documentation does not indicate the number of physical therapy visits to date and also does not indicate continuing functional improvement. The range of motion and strength of the shoulder is not known. The surgery was in August 2014. 6 months expired in February 2015. Therefore the postsurgical treatment guidelines do not apply. Chronic pain physical medicine guidelines indicate active therapy is based upon the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation provided does not indicate why the injured worker is not currently on an active exercise program at home as an extension of the physical therapy he received after the surgery. Without knowing the range of motion, strength, and current deficits, the need for additional physical therapy cannot be determined. As such, the request for 6 additional sessions of physical therapy is not supported by guidelines and the medical necessity of the request cannot be determined.