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| Case Number: | CM14-0116347 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 04/11/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 68 year old male with a work injury dated 4/11/13. The diagnoses is status post right shoulder surgery. He is noted to have undergone a right shoulder arthroscopy, SLAP tear repair, acromioplasty, and open repair of subscapularis and supraspinatus tendons on 11/18/13 and a right shoulder arthroscopy and double row repair of a large infraspinatus tendon tear on 1/13/14. Under consideration is a request for physical therapy for the right shoulder, two (2) times weekly for four (4) weeks. There is a primary treating physician report dated 6/20/14 that states that the patient is 22 weeks post op and states he is doing better. He has been going to physical therapy. He states he is making progress with his shoulder range of motion and he is using 1 and 2 pound weights with the exercises. On exam Shoulder range of motion is improved and is as follows (R/L): elevation 105/155, abduction 95/160, external rotation 35/50, backward extension 40/40 and internal rotation dorsal L4/L4. He was given a new prescription for therapy 2 x a week for 4 weeks. Return to full duty on 06/20/14 with no limitations or restrictions (at previous part time work of up to 18 hours per week. A 7/25/14 primary treating physician document states that the patient is a little over six months post op and states he is very sore. He states his movement is improving, but he is still in quite a bit of pain. He states he will wake up and his right thumb and index and long fingers will be on "fire." He states he has one visit left for physical therapy. He states he is working with 3-5 pound weights. On exam shoulder range of motion is improved and is as follows (R/L): elevation 115/155, abduction 105/160, external rotation 40/50, backward extension 40/40 and internal rotation dorsal L4/L4. The treatment plan includes finish the last PT session and use the home power grip exercises. Return to full duty on 07/25/14 with no limitations or restrictions (at previous part time work of up to 18 hours per week. Per documentation the patient has undergone approximately 40 visits of therapy to date

since his surgery with an estimate of 2-3 per week for 20 weeks. A prior utilization review noted that the reason the patient is an outlier from the guidelines is that the patient is 68 years old and he developed adhesive capsulitis following surgery. A prior comparison examination from 5/20/14 revealed flexion of 100, abduction of 75, external rotation of 30 and internal rotation to L5. The patient did continue to show gains in abduction and external rotation without plateau. He is continuing to work in a modified duty position. He does perform home exercise. Prior review recommended modifying to 6 visits.

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, two (2) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines recommend up to 24 visits for this surgery within a 6 month time period. The documentation indicates several extenuating circumstances contributed to the patient's excessive amount of therapy. He has an age of 68 and had post op adhesive capsulitis. The documentation indicated that he has made functional gains and is working. He does perform home exercises. Although several additional sessions are reasonable considering the patient's extenuating circumstances, functional improvement, and return to work the request for 8 more is excessive and not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines encourage transition to a home exercise program. The request for is not medically necessary.