

Case Number:	CM14-0125135		
Date Assigned:	08/11/2014	Date of Injury:	12/21/2008
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This 55-year-old male driver sustained an industrial injury on 12/21/08. The injury occurred when he slipped and fell 6 to 7 feet off the dock, landing on his right upper extremity and face. He sustained multiple right hand fractures and was casted. He underwent a right shoulder arthroscopy with subacromial decompression, distal clavicle resection, and rotator cuff repair on 2/24/10. The patient underwent a repeat right shoulder arthroscopy with debridement of a labral tear, debridement of the biceps tendon, subacromial decompression, anterior acromioplasty, resection of the coracoacromial ligament, and rotator cuff repair on 1/28/14. Records indicated the patient had completed 24 visits of post-op physical therapy. The 7/9/14 treating physician report indicated the patient's pain was unchanged with continued right arm weakness and ongoing numbness and tingling of the right hand. The patient was not working. Physical exam documented anterior capsule tenderness, positive impingement test, and 4/5 upper extremity strength bilaterally. Right shoulder range of motion testing documented abduction 170, external rotation 60, internal rotation 55, forward flexion 170, extension 40, and adduction 30 degrees. Upper extremity reflexes were normal and sensation was intact. The treatment plan recommended 12 additional physical therapy visits for increased strengthening of the right shoulder. The 7/23/14 utilization review denied the request for additional post-op physical therapy as there was no documentation why this patient could not complete the rehabilitation process with an active independent 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 twice a week for six weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. 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. The post-surgical period would have continued until 7/28/14. Guideline criteria have not been met. Current exam findings documented nearly full right shoulder range of motion and symmetrical 4/5 upper extremity strength. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program for further rehabilitation. Therefore, this request is not medically necessary.