

Case Number:	CM14-0140389		
Date Assigned:	09/10/2014	Date of Injury:	05/13/2010
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/29/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 70-year-old male was reportedly injured on May 13, 2010. The most recent progress note, dated August 6, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated diminished right shoulder range of motion with 160 of forward flexion, 65 of external rotation, and 55 of internal rotation. Rotator cuff weakness was noted, but the clinician noted overall improved strength. Recommendation was made for continued therapy. An MRI of the right shoulder was previously obtained on December 24, 2013 and it demonstrated evidence of previous operative intervention with rotator cuff tendinosis and a SLAP tear. Previous treatment included revision arthroscopic distal clavicle excision on April 3, 2014, oral medications, and 17 of 20 previously authorized postoperative therapy visits. A request had been made for additional postoperative physical therapy and was modified in the pre-authorization process on August 26, 2014. The reviewer indicated that 20 visits of physical therapy visits were previously authorized and recommended modification of the request from 8 visits to 4 visits.

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 2x4 For The Right Shoulder And Upper Arm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS supports use of postoperative physical therapy for the management of impingement syndrome including distal clavicle excision. Based on the clinical documentation provided, this was a revision surgery following previous failed distal clavicle excision with Mumford procedure and subacromial decompression. The MTUS recommends a maximum of 24 visits following arthroscopic intervention. When noting that 20 physical therapy visits were previously authorized and that exceptional factors warranting deviation from the guidelines has not clearly been documented, the requested additional 8 visits would exceed the recommendation the guidelines. Without clear documentation indicating the necessity for deviation, the request is considered not medically necessary.