MAXIMUS Federal Services

Case Number:	CM14-0143144		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2013
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine, 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:

Patient is a 49-year-old male who has submitted a claim for status post right shoulder surgery, January 2014, chondromalacia patella of the right knee, and lumbago, associated with an industrial injury date of 05/21/13. Medical records from January 2014 to September 2014 were reviewed. Patient underwent Right Shoulder Arthroscopy, Sub acromial Decompression, Debridement, Rotator Cuff Repair, Synovectomy/Bursectomy, Partial Distal Claviculectomy in January 2014. The patient completed 24 sessions of post-op physical therapy from February 27, 2014 to June 30, 2014, approximately 3 sessions per week. He still, however, complained of pain and difficulty of raising arm above shoulder level. He reported that his symptoms got worse and noticed decline in function concerning his right shoulder. Physical examination revealed right shoulder tenderness. There were no signs of infection. Right shoulder range of motion was abduction to 60 degrees, and forward flexion to 80 degrees. Jobe Test was positive. There was atrophy of the right deltoid musculature. There was also spasm of the deltoid musculature and lumboparaspinal musculature decrease. Examination of the lumbar spine revealed tenderness and limited range of motion. There was tenderness on both knees. X-ray of the right knee dated, December 30, 2013, revealed patellofemoral compression with subchondral cyst, and degenerative changes. Treatment to date has included oral analgesics and physical therapy. Utilization review from August 28, 2014 denied the request for additional post-op physical therapy, 2 times weekly for 3 weeks, right shoulder. There was no documentation of objective functional progress after 24 post-op visits of physical therapy. Despite the physical therapy, the patient has had decline in activity and function related to the right shoulder. Authorization was provided for a right shoulder MRI. Based on the pending request for MRI and the lack of objective functional benefit from the previous physical therapy, Additional Post-Op Physical Therapy is not supported by the medical guidelines in this case.

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 2 times weekly for 3 weeks, Right Shoulder qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12,27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12; 27.

Decision rationale: As stated on pages 12 and 27 of CA MTUS Chronic Pain Medical Treatment Guidelines, an initial course of therapy may be prescribed. 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 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. Postsurgical treatment of rotator cuff syndrome, arthroscopic, requires only 24 visits over 14 weeks. Postsurgical physical medicine treatment period is 6 months. In this case, patient underwent Right Shoulder Arthroscopy, Sub acromial Decompression, Debridement, Rotator Cuff Repair, Synovectomy/Bursectomy, Partial Distal Claviculectomy in January 2014. The patient completed 24 sessions of post-op physical therapy from February 27, 2014 to June 30, 2014; however, there was no evidence of significant functional progress. It was unclear why patient cannot transition into a self-directed exercise program to address residual deficits, given the extensive number of sessions completed. Therefore, the request for Additional Post-Op Physical Therapy 2 times weekly for 3 weeks, Right Shoulder is not medically necessary.