

Case Number:	CM14-0161085		
Date Assigned:	10/06/2014	Date of Injury:	09/18/2012
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/01/2014

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 is a 50-year-old male who sustained a vocational injury on 09/18/12 as a result of repetitive cumulative trauma. The claimant underwent right shoulder arthroscopy with extensive debridement of the anterior, superior, and posterior labrum; right shoulder repair of the subscapularis tendon, right shoulder repair of the rotator cuff, and right shoulder distal clavicle excision on 05/01/14. It was noted that the claimant had a near complete tear of the subscapularis tendon and rotator cuff. The office note dated 05/27/14 documented the diagnosis of status post right shoulder arthroscopic debridement, full Mumford, and rotator cuff and subscapularis repairs. The claimant reported right shoulder pain described as worse with motion. Physical examination revealed that his incision was well-healed with slight swelling and tenderness but no evidence of infection. He had good motion of the elbow, wrist, and fingers and he was neurovascularly intact. It was recommended that the claimant continue with formal physical therapy. There were no postoperative physical therapy notes available for review. The previous Utilization Review determination noted that the claimant had at least 22 sessions of postoperative physical therapy as of 09/02/14. The current request is for additional physical therapy of eight sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy, 2 times a week for 4 weeks for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Treatment Guidelines recommend continuation of postoperative physical therapy when there is documentation of functional improvement and 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 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. Frequency of visits shall be gradually reduced or discontinued as the claimant gains independence in the management of symptoms and achievement of functional goals. The Postsurgical Rehabilitative Guidelines support forty therapy visits over sixteen weeks for up to six months following repair of a complete rotator cuff tear, 24 visits over fourteen weeks following arthroscopic rotator cuff repair, and thirty visits over eighteen weeks for up to six months following open rotator cuff repair. Documentation presented for review fails to establish the exact quantity of formal physical therapy visits that the claimant has had to date which would be imperative to know prior to considering the medical necessity for additional therapy. There is no documentation supporting or suggesting that the claimant has made significant functional progress with previous physical therapy treatment which would be necessary to justify additional therapy. Based on the documentation presented for review and in accordance with California Postsurgical Treatment Guidelines, the request for additional physical therapy times eight sessions cannot be considered medically necessary at this point.