

Case Number:	CM14-0170321		
Date Assigned:	10/20/2014	Date of Injury:	07/13/2008
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/15/2014

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:

There were 348 pages provided for this review. It was a request for 12 additional postoperative therapy sessions for the right shoulder. The application for independent medical review was signed on October 10, 2014. There was a peer review done on September 12, 2014. The request was non-certified. Per the records provided, the patient is described as a 49-year-old female who was injured on July 13, 2008. The records indicated that the patient underwent a right shoulder arthroscopic subacromial decompression and rotator cuff repair on May 28, 2014. The patient had completed 16 sessions of postoperative therapy as of August 12, 2014. 12 postoperative sessions were authorized on April 10 and 12 more were authorized on August 6, 2014. The MRI arthrogram of the right shoulder was done on August 3, 2012 and it showed tendinosis and fraying of the distal supraspinatus tendon with no evidence of a full thickness tear, degenerative changes and no evidence of labral tear. The MRI from September 25, 2013 showed osteoarthritis of the of the AC joint and minimal subacromial bursitis. As of August 12, 2014 it is noted the patient is about 12 week's status post video arthroscopy of her right shoulder, arthroscopic subacromial decompression and arthroscopic rotator cuff repair. The patient is now completed 16 sessions a postoperative therapy and made marked improvement over the last eight sessions and has four more sessions remaining. The therapist however would like 12 more. There is minimal swelling over the olecranon bursa. The August 21, 2014 exam does not establish any right shoulder strength deficits and range of motion is within functional limits. The patient has had 24 postoperative sessions.

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 x12 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 Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The patient has had 24 post-operative sessions, which is about what is recommended post shoulder surgery. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.