

Case Number:	CM14-0180746		
Date Assigned:	11/05/2014	Date of Injury:	05/11/2010
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/30/2014

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 Minnesota. 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 injured worker is a 62 year old male with a history of open rotator cuff repair of the right shoulder in May 2010 with subsequent pain and stiffness as well as a recurrent tear necessitating revision surgery on 6/27/2014. The worker underwent a lumbar fusion in 2013 and the shoulder surgery was delayed until 2014. He also has an arthritic knee. The revision shoulder surgery consisted of manipulation under anesthesia, arthroscopic subacromial decompression, arthroscopic rotator cuff revision, Mumford procedure, biceps tenotomy, lysis of adhesions, and removal of loose bodies. The disputed issue pertains to the request for post-operative home health physical therapy 2 times a week for 9 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Physical Therapy 2 times a week times 9 weeks for the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 27.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines indicate 24 visits over 14 weeks for arthroscopic rotator cuff/ impingement surgery/ adhesive capsulitis surgery. The

Post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 12 visits and if functional improvement is documented a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy. If it is determined that additional functional improvement is likely it can be further extended within the time frame allotted. The guidelines do not refer to in-home therapy. However, the requested 18 visits exceed the initial course of therapy of 12 visits and are not medically necessary per guidelines.