MAXIMUS Federal Services

Case Number:	CM14-0181204		
Date Assigned:	11/06/2014	Date of Injury:	12/29/2013
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and Virginia. 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 54-year-old female who reported an injury on 12/29/2013 due to lifting a box of chicken weighing approximately 30 pounds. Her diagnoses were noted to include right shoulder subacromial impingement. Her past treatments were noted to included physical therapy, electrostimulation at home, hot and cold packs, a home exercise program, and medications. Her diagnostic studies were noted to include a stress echocardiogram. The injured worker's past surgical history included a mini open arthrotomy, rotator cuff repair, and right distal clavicle resection on 04/24/2014 and a right shoulder arthroscopic acromial decompression on 06/25/2014. On 09/24/2014, a physical therapy note indicated the physical examination revealed tenderness to palpation and 4/5 strength. Upon assessment of the injured worker's range of motion, there was flexion of 165 degrees, abduction of 170 degrees, and external and internal rotation at 70 degrees. The physical therapy note dated 09/26/2014 noted the injured worker complained of right shoulder pain. The documentation also noted the injured worker tolerated treatment well even with pain limiting her function. The physical therapy note also stated that the injured worker had exhausted all her visits and was to hold physical therapy until advised. The clinical noted dated 10/03/2014 noted the injured worker had complaints of intermittent shooting pain in her right shoulder. The injured worker stated that she completed physical therapy and that she felt that it was beneficial and she wanted additional physical therapy. Her medications were noted to include tramadol. The treatment plan was noted for the injured worker to increase her range of motion, continue with medications and return for a follow-up 3 weeks later. The rationale for the request was submitted with the documentation submitted for review. The Request for Authorization was dated 10/03/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Additional physical therapy 3 times a week for 3 weeks to 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): 27.

Decision rationale: The request for associated surgical service: Additional physical therapy 3 times a week for 3 weeks to the right shoulder is not medically necessary. The injured worker had a right shoulder arthroscopic subacromial decompression on 06/25/2014. The documentation also noted that the injured worker was provided 36 visits of postoperative physical therapy. The California MTUS Guidelines recommend up to 24 sessions of physical therapy for impingement syndrome postoperatively. The guidelines also state that with documentation of functional improvement after the initial trial, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. In addition, the guidelines state patients are instructed and expected to continue an active therapy at home as an extension of the treatment process in order to maintain improvement levels. Documentation submitted for review provided no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits. Additionally, the rationale was not included in the documentation submitted for review, or why the remaining functional deficits if any, could not be accomplished with the home exercise program. Based on the lack of evidence of functional deficits as well as a clear rationale as to why physical therapy was being requested, the request is not supported. As such, the request is not medically necessary