

Case Number:	CM14-0163562		
Date Assigned:	10/08/2014	Date of Injury:	10/23/2012
Decision Date:	03/06/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 67 year-old male who was injured on 10/23/12. He was diagnosed with right shoulder pain and dysfunction, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, and right shoulder recurrent rotator cuff tear with slight retraction. He had a right shoulder subacromial decompression and distal clavicle resection rotator cuff repair on 2/27/14. The patient had 12 physical therapy visits for the right shoulder in 5/2014-6/2014 with improvement in strength and range of motion. He was authorized for six additional visits on 8/27/14. He performed a home exercise program as well. His medications included a narcotic, anti-inflammatory, and gastrointestinal prophylaxis. He also utilized a TENS unit. The current request is for 18 physical therapy sessions for the right shoulder, range of motion at home, and follow-up in 4-6 weeks, which was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen physical therapy sessions 3 times a week for 6 weeks for the right shoulder:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy for the right shoulder is not medically necessary. The patient had subacromial decompression and distal clavicle resection rotator cuff repair on 2/27/14. As per MTUS guidelines, postsurgical treatment involves 24 visits over 14 weeks with a treatment period of 6 months. The patient had 12 sessions with improvement in strength and range of motion. An additional 16 sessions were authorized but it was unclear if the patient had these sessions and what the outcome was. An additional 18 sessions would make him exceed the maximum recommended visits. Also, he is currently beyond the 6 month post-operative treatment period. He does continue a home exercise program which is reasonable at this point. Therefore, the request is considered not medically necessary.

Range of motion at home: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is considered not medically necessary. The patient already had post-operative physical therapy and should be adept at a home exercise program. This does not require a separate range of motion program at home that needs supervision. He should be able to be independent and self-manage his symptoms at this point. Therefore, the request is considered not medically necessary.

Follow up in 4-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits, shoulder

Decision rationale: The request is considered not medically necessary. Office follow-ups are recommended according to ODG guidelines as MTUS does not cover this issue. However, timing of follow-ups should be "individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgement." It is difficult to determine how often follow-ups are needed until each case is assessed and reviewed with the goal being self-care and independence from the health care system. It is unclear what treatment plan the patient is currently authorized for so it is difficult to determine the interval for when a follow-up is needed. Therefore, the request is considered not medically necessary.