MAXIMUS Federal Services

Case Number:	CM14-0215964		
Date Assigned:	01/06/2015	Date of Injury:	10/11/2013
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 sustained an industrial injury to the right shoulder on October 11, 2013. He underwent arthroscopy of the shoulder including synovectomy, labral debridement, open biceps tenodesis, rotator cuff debridement, subacromial decompression, lysis of adhesions, and Mumford procedure on May 7, 2014. The postoperative diagnosis included impingement syndrome, right shoulder, partial-thickness articular sided rotator cuff tendon tear involving 30% of the supraspinatus tendon, partial thickness tear of the biceps tendon associated with severe synovitis, and superior labral tear with loss of biceps anchor. On 10/17/2014 an ultrasound guided subacromial injection of corticosteroids was given and additional 12 physical therapy visits were requested. The 12 additional physical therapy visits were authorized on 10/20/2014. On 10/29/2014 the pain level was 6/10. Flexion was 110 and abduction 124. External rotation was 82 and internal rotation 50. He completed 24 sessions of postoperative physical therapy as of November 26, 2014. Additional physical therapy is requested in light of continuing pain and limitation of range of motion. He is doing home exercises. Examination reveals slight tenderness over the distal clavicle. There is flexion to 120, extension 25, abduction 125 and external rotation 60. There is normal strength in the subscapularis and infraspinatus. An additional 8 sessions of physical therapy are requested to improve range of motion and strength. Utilization review noncertified the request. The most current report from the treating physician indicates that the patient continues with pain with overhead activity and limited motion; however, there are no significant functional limitations on examination that would support the need for additional formal care beyond the number of sessions recommended by treatment

guidelines. According to that report, the patient was performing a home exercise program. There was no medical reason why the patient would not be able to continue to make gains with a fully independent home exercise program. The patient should be well versed in an exercise program that can be performed independently at that time. Therefore, the request was noncertified. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the right shoulder - Associated services of a surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27, 10, 11.

Decision rationale: The California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis and 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The postsurgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy of one half of these visits shall be prescribed first. Then, with documentation of continuing functional improvement a subsequent course of therapy of the remaining 12 visits shall be prescribed. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, the physical medicine treatment may be continued until the end of the postsurgical treatment period. A review of the medical records indicates that 24 visits have been completed and the injured worker is familiar with the home exercise program. His main complaint is the continuing pain which did not respond to the subacromial corticosteroid injection. However, his range of motion continues to improve. There is no reason given why a home exercise program should not be sufficient at this point to maintain the gains and continue to improve the range of motion. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The postsurgical treatment period was completed on November 7, 2014. Therefore the request also falls outside the treatment parameters. As such, the request for physical therapy 2 x 4 is not supported and the medical necessity of the request is not substantiated.