MAXIMUS Federal Services

Case Number:	CM15-0013962		
Date Assigned:	01/28/2015	Date of Injury:	08/28/2013
Decision Date:	03/18/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/23/2015

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: Illinois, California, Texas
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 is a 66 year old male who sustained a work related injury to his right shoulder and right knee on 8/28/13. There was no mechanism of injury documented. The injured worker underwent a massive rotator cuff repair of the right shoulder on January 29, 2014. The injured worker continued to have right shoulder pain and underwent arthroscopic capsular release and closed manipulation for adhesive capsulitis on 9/16/14. Past medical history was positive for newly diagnosed and poorly controlled diabetes mellitus. According to the primary treating physician's progress report on 11/26/14, the patient had not attended physical therapy for a few weeks and was losing motion though continuing passive stretching exercises at home. On examination, there was tenderness and mild rotator cuff weakness with forward flexion and abduction at 120 degrees each and external rotation at 40 degrees. There was mild rotator cuff weakness. Current medications consisted of Naproxen and Omeprazole. Current treatment modalities consisted of conservative therapy, physical therapy, home exercises, and medication. The injured worker was on temporary total disability (TTD). The treating physician requested authorization for post-op physical therapy 3 times a week for 4 weeks for the right shoulder. A Dynasplint was also pending. The 12/2/14 physical therapy progress report documented a hiatus in treatment with a loss of range of motion and strength since the prior evaluation. Strength was reported 3+/5 in flexion and extension, and 2/5 in abduction. Range of motion was 125 flexion and 112 abduction with 38 degrees of external rotation. The patient had completed 25 visits since 9/16/14. On January 2, 2015 the Utilization Review denied certification for post-op physical

therapy 3 times a week for 4 weeks for the right shoulder. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Postsurgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 4 weeks for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for adhesive capsulitis suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This patient presents within the 6-month postsurgical treatment period with documented loss of range of motion and strength following release to a home exercise program for 3 weeks. There was documented improvement with past physical therapy in both areas. A Dynasplint is pending to assist in home range of motion. Given the documented adhesive capsulitis and prior benefit to physical therapy, additional functional improvement is likely with return to therapy. This will also allow re-education, integration of Dynasplint, and full maturation and supervision of the patient's home exercise program. Therefore, this request for post-op physical therapy 3 times per week for 4 weeks for the right shoulder is medically necessary.