

Case Number:	CM13-0002652		
Date Assigned:	12/13/2013	Date of Injury:	09/08/2011
Decision Date:	02/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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 patient is a 53-year-old female who reported an injury on 09/08/2011 that ultimately resulted in a superior labral tear from anterior to posterior (SLAP) repair. The patient continued to have chronic shoulder pain. The patient was treated postoperatively with physical therapy and transitioned into a home exercise program. The patient's most recent clinical examination finding included continued pain of the left shoulder. Physical findings included normal abduction without severe pain or splinting. The patient's diagnosis included injury to the left shoulder. The patient's treatment plan included modified work duties, continued medication usage, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does provide evidence that the patient participates in a home exercise program; however, the patient continues to have functional deficits. Although a short course of treatment would be supported to re-establish and re-educate the patient in a home exercise program, the requested 2 times a week for 6 weeks exceeds what is recommended by the MTUS Chronic Pain Guidelines. As such, the request for physical therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary and appropriate.