

Case Number:	CM13-0021508		
Date Assigned:	11/13/2013	Date of Injury:	08/03/2012
Decision Date:	02/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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 and Rehabilitation and is licensed to practice in California. 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 43 year old male who reported an injury on 08/03/2012. The mechanism of injury was a fall. The patient's diagnosis was a rotator cuff sprain. Review of the medical record revealed the patient underwent a left shoulder rotator cuff repair on 05/17/2013. The patient had 27 post-surgical physical therapy sessions. The patient had complained of weakness in overhead motion and fatigue with repetitive work. The most recent physical therapy note dated 08/07/2013 (visit #27) reported the patient continued to progress through rotator cuff and scapular strengthening, and had done well with work simulated lifting. The patient is able to lift 30 pounds from floor to waist, 20 pounds from waist to overhead, and carry 30 pounds. The patient is to continue his home exercise program. The most recent clinical note dated 10/01/2013 reported the patient had returned to work to full duty. Physical findings were 5/5 rotator cuff strength to repetitive testing, negative Hawkins test, bilateral shoulders quick symmetric forward flexion of 160 and abduction of 160, and external rotation of 70. It was also documented in the plan of care on 10/01/2013. The patient was to continue diligence with home exercise program, and he did not require any refills or further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder two (2) times a week for four (4) weeks: Upheld

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

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

Decision rationale: California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Per the clinical information submitted in the medical record, the patient has met his functional goals and has returned to work on full duty, without restrictions. The most recent documented clinical visit even states the patient did not need refills of medications or further physical therapy. As such, additional physical therapy is not medically necessary; therefore the request for physical therapy for the left shoulder two (2) times a week for four (4) weeks is non-certified.