

Case Number:	CM13-0024807		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2007
Decision Date:	09/16/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Family Medicine 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 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/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:

This is a 65 year old male patient who reported an industrial injury to the left shoulder on 2/23/2007, over 7 years ago, attributed to the performance of his customary job tasks. The patient subsequently underwent left shoulder arthroscopy with acromioplasty, Mumford procedure, biceps Tenodysis, lysis of the lesions with subacromial bursectomy, partial synovectomy, removal of loose bodies on 9/17/2012. The patient was subsequently authorized 36 sessions of postoperative rehabilitation PT to the left shoulder. The patient reported tightness to the shoulder. The diagnosis was shoulder impingement. Patient was provided a corticosteroid injection to the left shoulder. The patient was prescribed Norco 10/Sen. 25 mg; Cyclobenzaprine; Diclofenac; and a continuation of physical therapy 2x4 sessions for strength and stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Physical Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114; Chapter 9 page 203-04.

Decision rationale: There was no clinical documentation to support the medical necessity of additional Physical Therapy over the recommended self-directed home exercise program for the post-operative left shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed the MTUS recommended number of sessions of the previously authorized Physical Therapy /physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is 2 years status postdate of surgery for the shoulder whereas the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of Physical Therapy. The patient is documented to received 36 sessions of postoperative rehabilitation physical therapy directed to the left shoulder. There is no provided rationale to support the additional 2x4 sessions of post-operative PT. There was no documented weakness or muscle atrophy that required more than a simple self-directed home exercise program. The patient complained of stiffness. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of Physical Therapy recommended by the CA MTUS for the postoperative rehabilitation of the shoulder s/p arthroscopy-RCR. The patient is documented to have received prior authorization for a significant number of sessions of Physical Therapy. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of postoperative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with home exercise program. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of Physical Therapy recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with home exercise program.