

Case Number:	CM13-0040265		
Date Assigned:	12/20/2013	Date of Injury:	01/01/2006
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Ohio and 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:

This is a 62 year old male with reported injury 01/01/2006 and the mechanism of injury is reportedly trauma to bilateral upper extremities secondary to his job duties as a truck mechanic. The patient is status post left shoulder arthroscopy, decompression, distal clavicle resection, and debridement on 04/23/2013. On physical examination, there is limited range of motion in forward flexion to 105 degrees, abduction to 80 degrees, external rotation to 45 degrees, and internal rotation to 45 degrees. Orthopedic follow-up report dated 01/16/2013 states the patient is status post right shoulder surgery on 08/23/2011. Range of motion was flexion to 160 degrees, abduction to 160 degrees, external rotation to 70 degrees, internal rotation to 70 degrees and rotator cuff strength 5/5. There was a negative belly-press test, positive Hawkin's sign, positive impingement sign, and positive painful arc. In [REDACTED] letter dated 11/11/2013 the patient has reportedly had 12 prior physical therapy sessions to date and medications listed included Clopidogrel, Metoprolol Tartrate, Atorvastatin, Lisinopril, ASA 325mg, Vitamin B-12, Novolin Insulin, Meloxicam, Nortriptyline, Ketotifen, Hydrocodone/acetaminophen, and Docusate Sodium (dosages and/or frequencies not provided). In same report of 11/11/2013, range of motion of left shoulder was flexion to 180 degrees, extension to 50 degrees, abduction to 180 degrees, adduction to 50 degrees, external and internal rotation to 90 degrees and supination and pronation to 80 degrees. Grip strength of the left hand was 22/22/22 kilograms and pinch test left hand was 8/8/8 kilograms. Subjective complaints included left shoulder pain radiating down arm and into the wrist/hand as well as numbness/tingling and it is aggravated by ADL's, lifting, bending/twisting, pushing/pulling, lifting the left arm overhead, and typing/writing were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued postoperative physical therapy for the left shoulder (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS Postsurgical treatment guidelines support 24 visits over 14 weeks after arthroscopic treatment of impingement with the postsurgical physical medicine treatment period being 6 months. The documentation submitted noted the patient has participated in 12 physical therapy sessions to date since surgery. However, while CA MTUS guidelines would support up to 24 sessions after surgery, the guidelines note the post-operative treatment period is 6 months which has lapsed. Therefore, additional post-operative therapy would not be supported by the guidelines. As such, the requested service is non-certified.