

Case Number:	CM13-0049342		
Date Assigned:	06/09/2014	Date of Injury:	01/29/2013
Decision Date:	07/16/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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:

The injured worker is a 50-year-old whose date of injury is January 29, 2013. The injured worker reported onset of left shoulder pain on this date which she attributes to repetitive use of her left arm carrying heavy boxes and complains of left shoulder pain. The injured worker takes medications for high blood pressure and diabetes as well as Tylenol and Motrin. She also tried Voltaren gel but denies any significant improvement with this topical medication. After failing conservative care, the injured worker underwent left shoulder arthroscopy on April 5, 2013 with subacromial decompression and distal clavicle resection followed by post-op physical therapy x 12. On June 5, 2013, an additional twelve physical therapy visits was authorized. The injured worker was seen in follow-up on September 17, 2013 with complaints of severe constant left shoulder pain which has worsened in the past 5 days. She states that she was not able to attend physical therapy due to severity of pain. She has been icing her left shoulder and doing her home exercises on a daily basis. Objective findings reported left shoulder range of motion was forward flexion 140; abduction 125; external rotation 70; internal rotation 15. She is taking Mobic once a day and Tylenol 2-3 tablets every 3-4 hours. Six additional physical therapy visits were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY ONE (1) TIME PER WEEK FOR SIX (6) WEEKS FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: Up to 24 visits of postsurgical physical therapy over 14 weeks is indicated following arthroscopic shoulder surgery. She was authorized for 12 initial postsurgical physical therapy visits, with 12 additional visits subsequently authorized. The records reflect that the injured worker was performing a home exercise program on a daily basis. The request for 6 physical therapy visits in addition to the 24 visits previously authorized exceeds guidelines for this injury, and there is no evidence of exceptional factors that would support the need for treatment in excess of guidelines. Given the current clinical data, noting that the injured worker has completed an appropriate course of post-op physical therapy and already is performing a home exercise program, there is no medical necessity for 6 additional physical therapy visits for the left shoulder. The request for additional physical therapy for the left shoulder, once weekly for six weeks, is not medically necessary or appropriate.