

Case Number:	CM13-0050078		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2011
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery, 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 60-year-old male who reported a work-related injury on 12/19/2011, specific mechanism of injury not stated. Subsequently, the patient is status post revision left shoulder arthroscopy with rotator cuff repair and revision of subacromial decompression as of 10/19/2012. The clinical notes evidence the patient was approved for 26 sessions of postoperative physical therapy. The clinical note dated 10/09/2013 reports the patient had completed 12 sessions of physical therapy to the bilateral shoulders with improvement noted. The provider documents the patient reports less pain utilizing ibuprofen and therapies. The provider documented upon physical exam of the patient's left shoulder, tenderness to palpation over the biceps tendon, acromioclavicular joint and subacromial bursa region was noted. Positive testing was carried out with Speed's, Hawkins, and Neer's. There was limited and painful range of motion of the left shoulder. The provider documented the patient has had functional improvement with range of motion and strength via therapies, the provider requested an additional 8 sessions of physical therapy for the shoulders twice weekly for 4 weeks.

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 ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: The current request is not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The clinical notes document the patient is status post a work-related injury which was sustained in 12/2011, subsequent surgical interventions to the left shoulder were performed times 2 in 2012 with the most recent procedure performed in 10/2012. The clinical notes document the patient has utilized a course of postoperative physical therapy. At this point in the patient's treatment, an independent home exercise program would be indicated. Given all of the, the request for physical therapy 2 x 4 is not medically necessary or appropriate.