

Case Number:	CM13-0057442		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2009
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 60-year-old male who reported an injury on 06/12/2009 after moving a heavy object that reportedly caused injury to the patient's bilateral shoulders. This injury ultimately resulted in a open rotator cuff repair and was followed by a Mumford procedure. The patient's treatment history included medications and extensive preoperative and postoperative physical therapy. The patient's most recent clinical documentation noted that the patient had significantly impaired range of motion of the left shoulder described as 90 degrees in flexion, 80 degrees in abduction and limited external and internal rotation secondary to pain with 4/5 strength and tenderness to palpation. Similar findings were found for the right shoulder. The patient's diagnoses included right shoulder status post rotator cuff repair with residual long head of the biceps rupture, left shoulder long head of the biceps rupture, with rotator cuff syndrome and adhesive capsulitis, right shoulder adhesive capsulitis, and left knee posterior horn medial meniscus tear. A recommendation was made for the patient to continue medications for pain control and participate in 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 SHOULDERS (12 SESSIONS): Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommendations that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does provide evidence that the patient has had significant amount of physical therapy to the bilateral shoulders and should be well versed in a home exercise program. However, the clinical documentation does indicate that the patient continues to have significant deficits with no evidence that the patient is participating in a home exercise program. Therefore, a short course of treatment would be appropriate to assist the patient in re-establishing a home exercise program. However, 12 sessions of physical therapy would be considered excessive, according to guidelines. As such, the requested 12 sessions of physical therapy for the bilateral shoulders is not medically necessary or appropriate.