

Case Number:	CM13-0064306		
Date Assigned:	01/15/2014	Date of Injury:	03/29/2012
Decision Date:	04/23/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic surgery and is licensed to practice in Arizonia. 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 60-year-old male truck driver who sustained an injury to his left shoulder on March 29, 2012. After a trial of medication and physical therapy, an MRI of the shoulder was done and it revealed an incomplete tear of the supraspinatus and a superior labrum anterior and posterior (SLAP) lesion. The patient underwent a left shoulder arthroscopy with labral repair on November 29, 2012. The patient continued to have pain and tenderness in the shoulder in biceps tendon area. After failing nonsurgical treatment, he finally had a second arthroscopic surgery of the left shoulder with an open biceps tenodesis on May 31, 2013. He has received physical therapy before the initial surgery and after each surgical procedure. From June 25, 2013 to November 14, 2013, the patient has received 24 physical therapy sessions after his last procedure. In a note dated November 19, 2013, the treating physician still notes that the patient has pain, crepitation, and grinding in his shoulder. He states that the patient's range of motion is good and his strength is good but the pain persists. However, the physical therapy note on November 14, 2013 notes that the shoulder girdle muscles on the left side are only 4/5 and there is still significant loss of active range of motion. Additional physical therapy has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST-OPERATIVE PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) 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): 11-13, 26-27.

Decision rationale: The California MTUS guidelines do not specifically mention bicipital tenodesis. However, similar procedures have a limit of 24 physical therapy visits usually over 14 weeks. Additional physical therapy may be ordered but it is predicated on the documentation of functional improvement. Functional improvement means a clinically significant improvement in the activities of daily living, a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. This patient continues to have a significant amount of pain, loss of motion, and weakness in the shoulder girdle muscles despite the 24 sessions of physical therapy. His functional improvement has been minimal. The patient is also expected to be involved in his care with a home exercise program. There is no documentation that the patient is doing a home exercise program and what kind of progress he is making. Therefore, without showing significant functional improvement, the medical necessity for additional physical therapy has not been established.