

Case Number:	CM13-0065441		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2006
Decision Date:	04/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 62-year-old male, who reported an injury on 04/26/2006, due to cumulative trauma while performing normal job duties. The patient developed bilateral shoulder pain and right hand pain. The patient's most recent clinical documentation noted that the patient's chronic pain was managed with medications. Physical findings included tenderness to the anterior shoulder region of the left shoulder with restricted range of motion described as 100 degrees in flexion and 90 degrees in abduction, limited due to pain. It was noted that an x-ray was performed of the left shoulder that documented changes compatible with an acromioplasty and acromioclavicular (AC) joint resection, and there was evidence of multiple metallic anchors on the proximal humerus. The patient's diagnoses included carpal tunnel syndrome, a traumatic rotator cuff tear of the right status post repair and bilateral impingement syndrome, bilateral cubital tunnel syndrome, and bilateral pronator tunnel syndrome. A request was made for physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for twelve (12) physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13), Physical therapy, and the ODG Physical Therapy Guidelines.

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

Decision rationale: The Chronic Pain Guidelines recommend postoperative physical therapy as an appropriate treatment for patients who have undergone shoulder surgery. However, the clinical documentation submitted for review does not clearly identify if the patient participated in any postsurgical physical therapy for the left shoulder. Additionally, there was no documentation of when that surgery actually occurred. The guidelines also recommend that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of treatment would be indicated for this patient to re-establish and re-educate the patient in a home exercise program. However, the requested twelve (12) visits are considered excessive. As such, the request is not medically necessary or appropriate.