

Case Number:	CM13-0071811		
Date Assigned:	01/08/2014	Date of Injury:	09/12/2011
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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, 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 injured worker is a 69-year-old male with a reported injury date on September 12, 2011; the mechanism of injury was not provided. Diagnoses included left shoulder contusion, and status post left shoulder arthroscopic rotator cuff repair with subacromial decompression and distal clavicle resection of unknown date. The physician's progress report dated November 8, 2013 noted that the injured worker had subjective complaints to include 3/10 pain to left shoulder the increased with overhead movement. Objective findings included tenderness to palpation over the coracoid process, anterior joint, and acromioclavicular joint. The injured worker had active range of motion measured at 150 degrees of flexion, 120 degrees of abduction, and 40 degrees of extension. It was also noted that the injured worker had been prescribed Tylenol. The request for authorization of physical therapy two times per week for four weeks was submitted on December 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER, 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Diagnoses include left shoulder contusion, and status post left shoulder arthroscopic rotator cuff repair with subacromial decompression and distal clavicle resection of unknown date. It was noted that the injured worker had complaints of 3/10 pain to left shoulder the increased with overhead movement. It was noted that the injured worker had a prescription of Tylenol. Objective findings include tenderness to palpation over the coracoid process, anterior joint, and acromioclavicular joint. The active range of motion of the left shoulder was measured at 150 degrees of flexion, 120 degrees of abduction, and 40 degrees of extension. The Post-Surgical Treatment Guidelines recommend the use of physical therapy post operatively for functional improvement to include an improvement in the injured workers activities of daily living. The guidelines recommend up to 24 visits over 14 weeks with a post-surgical period of 6 months with an initial trial period of twelve visits over seven weeks. The initial trial period must provide documented functional improvement before a subsequent course of therapy shall be prescribed. The medical necessity for physical therapy has not been established. It was noted that the injured worker is status post rotator cuff surgery of unknown date. It remains unclear how long the patient has been post-operative and if the injured worker has received prior physical therapy treatments. Additionally, there is a lack of evidence that the injured worker would benefit from physical therapy as the injured worker does not have significant functional loss noted upon examination and has no complaints of difficulty completing activities of daily living. As such, the request for physical therapy for the left shoulder twice weekly for four weeks is not medically necessary or appropriate.