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| Case Number: | CM14-0001008 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 09/07/2012 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 California. 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 55 year old female who reported an injury on 09/07/2012 secondary to unknown mechanism of injury. The injured worker was evaluated on 11/20/2013 for reports of left foot/first toe pain, right shoulder pain and lumbosacral pain with sciatica. The exam noted right shoulder equivocal impingement tests 1 and 2. Active range of motion for the right shoulder showed forward flexion at 174 degrees, extension at 43 degrees and adduction at 45 degrees. Active range of motion for the lumbar spine showed flexion at 51 degrees, extension at 20 degrees and right lateral bending at 23 degrees and left lateral bending at 22 degrees, tenderness to palpation in the low back area, bilateral straight leg raise. The exam also noted tenderness to palpation to the proximal phalanx of the left first toe, MTP flexion at 25 degrees and IP flexion at 20 degrees. The diagnoses included status post left first toe proximal phalanx fracture, status post right shoulder arthroscopic surgery on 06/28/2013 and lumbosacral sciatic syndrome. The treatment plan included possible physical therapy for acute exacerbations and continued medication therapy. The physical therapy note dated 11/29/2013 shows the injured worker's pain level at 3, an increase in ability to perform activities of daily living, the passive range of motion flexion at 155 degrees, abduction at 110 degrees and external rotation at 75 degrees. The active range of motion for flexion was noted at 145 degrees. The physical therapy note dated 12/17/2013 shows the injured worker's pain level at 3, an increase in ability to perform activities of daily living, the passive range of motion flexion at 160 degrees, abduction at 120 degrees and external rotation at 80 degrees. The active range of motion for flexion was noted at 150 degrees. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER (2X6): Upheld

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

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

Decision rationale: The request for physical therapy 2x6 weeks is not medically necessary. The guidelines recommend physical therapy after rotator cuff repair surgery for a total of 24 visits over 14 weeks. The injured worker has received a total of 42 physical therapy treatments. The physical therapy notes dated 11/29/2013 and 12/17/2013 do not show a significant improvement in the injured worker's functional level that cannot be continued through a home exercise program. The request is for a total of 12 visits which exceeds the recommended number of visits. Therefore, the request is not medically necessary.