

Case Number:	CM14-0013488		
Date Assigned:	02/26/2014	Date of Injury:	01/27/2012
Decision Date:	08/01/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery 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 patient is a 51-year-old male who has submitted a claim for residual left shoulder pain status post left shoulder arthroscopy with subacromial decompression, debridement of rotator cuff tear and glenoid labrum, distal claviclectomy/Mumford procedure associated with an industrial injury date of 01/27/2012. Medical records from 07/11/2013 to 02/23/2014 were reviewed and showed that patient complained of left shoulder pain graded 0-2/10 with no associated radiation or numbness. Physical examination revealed no tenderness or pain over the left shoulder. Left shoulder active and positive ROM was intact. Sensation to light touch and DTRs were intact. MMT was intact except for left shoulder (4/5). Impingement and painful arc signs were negative. Treatment to date has included left shoulder arthroscopy with subacromial decompression, debridement of rotator cuff tear and glenoid labrum, distal claviclectomy/Mumford procedure (07/09/2012), physical therapy, home exercise program, cortisone injection, and pain medications. Utilization review, dated 01/27/2014, denied the request for six visits of outpatient physical therapy once a week for six weeks to the left shoulder because the proposed frequency, duration, and time frame exceed the guidelines recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase tens unit with six months supplies for long term use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to the MTUS Postsurgical Treatment Guidelines, 24 visits of postsurgical physical therapy over 14 weeks are recommended after arthroscopic repair for shoulder impingement syndrome/rotator cuff syndrome. In this case, the patient has already completed 40 visits of postoperative physical therapy which exceeded the guidelines recommendation. There were no objective findings of exceptional factors or acute exacerbation that support the need for additional physical therapy. Furthermore, it is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for post-operative outpatient physical therapy, once a week for six weeks for the left shoulder is not medically necessary and appropriate.

Post operative outpatient physical therapy, once a week for six weeks for the left shoulder:
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, Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to the MTUS Postsurgical Treatment Guidelines, 24 visits of postsurgical physical therapy over 14 weeks are recommended after arthroscopic repair for shoulder impingement syndrome/rotator cuff syndrome. In this case, the patient has already completed 40 visits of postoperative physical therapy which exceeded the guidelines recommendation. There were no objective findings of exceptional factors or acute exacerbation that support the need for additional physical therapy. Furthermore, it is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for post operative outpatient physical therapy, once a week for six weeks for the left shoulder is not medically necessary and appropriate.