MAXIMUS Federal Services

Case Number:	CM14-0118434		
Date Assigned:	08/06/2014	Date of Injury:	04/06/2012
Decision Date:	09/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/28/2014

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 & 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 47-year-old male who reported an injury on 04/06/2012, after moving a cartload of sheet metal. The injured worker reportedly sustained an injury to his left shoulder. The injured worker's treatment history included surgical intervention on 01/29/2014, followed by postoperative physical therapy and medications. A physical therapy evaluation was conducted on 07/16/2014, after 19 visits of postsurgical therapy. It was noted that the patient had a decrease from moderate difficulty with reaching for objects on 04/03/2013 to mild difficulty on 07/16/2013. It was documented that the injured worker's pain at rest was rated at a 4/5 on 04/03/2013, and actually increased to a 5/10 on 07/16/2014. It was documented that the injured worker's worst pain level during a 24-hour period was documented as 9/10 on 04/03/2013, reduced to an 8/10 on 07/16/2014. It was noted that the patient had severe pain rated at a 6/10 to 9/10, with repetitive movement on 04/03/2013 that remained the same; and a 7/10 on 07/16/2014. The injured worker's range of motion was described as 90 degrees to 135 degrees of flexion on 04/03/2013. It was noted that the injured worker's range of motion on 07/16/2014 was documented as 130 degrees in flexion, 100 degrees in abduction, 90 degrees in scaption, and 50 degrees in external rotation. It was noted that the patient had mild weakness rated at a 4/5 in 04/2013, increased to severe weakness rated at a 2/5. A request was made for additional physical therapy. The injured worker was evaluated on 07/30/2014 after 21 visits of physical therapy. It was noted that the patient had mild difficulty with reaching objects on 07/16/2014, increased to moderate difficulty on 07/13/2014. It was noted that the injured worker had 5/10 pain at rest on 07/16/2014, decreased to a 4/10. It was noted that the injured worker had 8/10 pain within the last 24 hours of evaluation on 07/16/2014, which increased to 9/10 on 07/30/2014. The patient had moderate pain with range of motion on 07/16/2014 that remained the same on 07/30/2014. The injured worker had 2/5 motor strength weakness on 07/16/2014 that was increased to 4/5 on

07/30/2014. Continued physical therapy was recommended. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 x per Week x 4 Weeks Left Shoulder: 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 clinical documentation submitted for review does indicate that the injured worker is in the postoperative phase of physical therapy. California Medical Treatment Utilization Schedule recommends up to 24 visits following shoulder arthroscopy to assist with functional restoration. The clinical documentation submitted for review does indicate that the injured worker has had some functional increases with 21 visits of physical therapy. Therefore, additional physical therapy to address remaining deficits and transition the injured worker into a home exercise program would be indicated in this clinical situation. However, the requested 8 visits in combination with the already completed 21 visits exceed guideline recommendations. The clinical documentation does not provide any justification of why the injured worker's deficits cannot be addressed within the recommended 24 visits. As such, the requested postoperative physical therapy visits 2 times a week per week for 4 weeks for the left shoulder is not medically necessary and appropriate.