

Case Number:	CM14-0119083		
Date Assigned:	08/06/2014	Date of Injury:	01/12/2013
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Medicine 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:

This is a 55-year-old female who reported an industrial injury to the left shoulder on 1/12/2013, 20 months ago, attributed to the performance of her usual and customary job tasks. The patient received initial conservative care; however, the MRI of the left shoulder documented a full thickness tear of the subscapularis with atrophy. The patient underwent arthroscopy to the left shoulder with rotator cuff repair, distal clavicle excision, and SAD on 9/4/2013. The patient was provided 24+ sessions of postoperative rehabilitation physical therapy. The patient was reevaluated on 6/9/2014 and documented to have limited motion with flexion 125; abduction 150; external rotation 70; abduction/internal rotation to the iliac crest. The patient was noted to have weakness about the shoulder. X-rays documented degenerative changes to the left shoulder. The treatment plan included a subacromial corticosteroid injection along with additional physical therapy of 12 sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits for the Left Shoudler: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation American College of Occupational

and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises

Decision rationale: There was no clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the postoperative left shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed the CA MTUS recommended number of sessions of the previously authorized PT/physiotherapy. The patient is one year s/p date of surgery for the shoulder, whereas, the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of PT. The patient is documented to have received prior sessions of postoperative rehabilitation physical therapy directed to the left shoulder. There is no provided rationale to support the additional 2x6 sessions of post-operative PT. There was no documented muscle atrophy that required more than a simple self-directed home exercise program. The patient was reported to have less than full range of motion and some weakness, however, was not established as participating in a self-directed home exercise program as recommended by evidence-based guidelines. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. Therefore, Physical Therapy 12 visits for the Left Shoulder is not medically necessary and appropriate.