

Case Number:	CM14-0129013		
Date Assigned:	08/18/2014	Date of Injury:	12/17/2013
Decision Date:	09/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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:

This is a 37-year-old male industrial technician who sustained a vocational injury on 12/17/13 while stretching a cable. The medical records provided for review document that the claimant underwent left shoulder posterior labral repair, anterior labral repair and capsular plication, distal clavicle resection, and microfracture of the anterior glenoid on 04/09/14. The office note of 07/27/14 indicated that the claimant was three and a half months status post surgical intervention and doing well but still needed to regain strength and motion. Physical examination revealed passive range of motion of zero to 165 degrees of abduction, zero to 170 degrees of forward flexion, external rotation with his arm at his side to 40 degrees. Strength of the supraspinatus was noted to be 4+ to -5/5. Strength was noted to be full in testing the subscapularis, teres minor and infraspinatus. The diagnosis was status post the previously mentioned surgical intervention. Additional therapy was recommended. It was documented that the claimant had completed 24 sessions of physical therapy and that to perform his vocational duties would most likely require him to continue with strengthening and range of motion. The Utilization Review determination on 08/04/14 approved six formal physical therapy visits over three to four weeks with the goal of transition to an ongoing independent home exercise program. This review is for 12 formal physical therapy visits for 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 visits x 12 for the Left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Postsurgical Rehabilitative Guidelines support 24 visits over 14 weeks in a six month period following Bankart repair. The documentation presented for review suggests the claimant has met his medically allotted formal physical therapy visits as of the end of July. California Postsurgical Treatment Guidelines note that in order to consider the medical necessity of continued formal physical therapy, documentation should establish the claimant is continuing to make progress and has not yet reached a plateau. There is a lack of documentation in place suggesting barriers that are preventing the claimant from transitioning to a home exercise program. Additional physical therapy at this time would exceed California Postsurgical Treatment Rehabilitation Guidelines and based on the fact that there no clinical information presented for review to explain why the claimant would not continue to improve strength and motion by performing a home exercise program, the current request for additional therapy in the form of 12 sessions to the left shoulder cannot be considered medically necessary.