

Case Number:	CM14-0135148		
Date Assigned:	08/27/2014	Date of Injury:	02/16/2013
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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:

According to the provided documents this is a 70 year-old man who was injured on 2/16/13. He was injured when a person came down the stairs slipped hitting the injured worker causing him to fall using his left arm to break the fall which was twisted. The injured worker discovered he could not lift his left arm up at all after the fall. Conservative treatment initially included physical therapy; subsequently an MRI showed a rotator cuff tear. He had arthroscopy and postoperative physical therapy, but the repair failed. Repeat MRI in early 2014 of the left shoulder with contrast showed a complete tear worse than before the surgery. He underwent a 2nd left shoulder surgery, arthroplasty 2/13/14. There is a 5/21/14 report from the treating orthopedist indicating that patients doing well after a reverse total shoulder arthroplasty. Physical therapy is said to help. He had one physical therapy session remaining. Physical examination showed flexion of 100 degrees, abduction 90 degrees, 4/5 strength. Diagnoses are osteoarthritis of the shoulder, tear rotator cuff. X-rays were done that showed the arthroplasty was well fixed in good orientation. The patient was released to return to modified duty with no lifting greater than 10 lbs. with the left shoulder. He was to continue working on his activities and working with physical therapy. There is a 6/10/14 request for authorization for an additional physical therapy two to three times a week for four weeks. Report indicated patient was using Norco but there is no mention of the quantity or frequency being used and additional Norco is being prescribed. There is a physical therapy report that states the patient had completed 24 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient post-operative physical therapy to the left shoulder two to three times a week for over four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, functional improvement Page(s): 1, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The records reflect that this injured worker is about 3 months postoperative following a reverse total shoulder arthroplasty. He has completed 24 sessions of postoperative physical therapy which is the amount recommended by MTUS postsurgical physical medicine guidelines. There has been improvement in activities of daily living in that the patient has been advanced to modified duty status from being off work. There is no mention of a reduction in use of the Norco specifically nor is there an indication that the patient is becoming less dependent on medical treatment. The request is for an entire additional 24 sessions. While MTUS guidelines do support continued physical therapy in the face of objective functional improvement, this presentation does not meet MTUS guidelines criteria for that because it must be an improvement in activities of daily living as well as reduction in dependence from medical care. There is no mention of reduced use of Norco. Three times a week for physical therapy is not a reduction in dependence on treatment; the patient should be able to transition to fewer sessions per week at a minimum at this point. This request is not supported by the guidelines or the evidence and is not medically necessary.