Case Number:	CM14-0146259		
Date Assigned:	09/15/2014	**Date of Injury:**	03/01/2004
Decision Date:	11/03/2014	**UR Denial Date:**	09/02/2014
Priority:	Standard	**Application Received:**	09/09/2014

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:

The injured worker is a 67-year-old male with a date of injury on March 1, 2004. The injured worker was seen on March 3, 2014 status post major reconstructive surgery or total left shoulder replacement with tendon transfer of the latissimus dorsi and teres major. He complained of 8/10 pain level with degree of stiffness over his shoulder. On examination range of motion was restricted with active flexion at 90 degrees, passively at 150 degrees, active abduction external rotation at 45 degrees and 80 degrees passively. Weakness was also noted with external rotation and resisted abduction. He returned on March 31, 2014 and reported some definite improvement in his range of motion with his therapy. He described his pain level at 7/10 and still noted limitations in his strength and function. Range of motion examination revealed 100 degrees of elevation and 45 degrees of abduction external rotation. Degree of weakness was present with resisted external rotation. The injured worker was seen by the treating physician on April 21, 2014 for orthopedic examination with complaint of constant pain in his shoulders that increases with any activity. An examination of the shoulders revealed supraspinatus and deltoid muscle atrophy, tenderness over the anterior and lateral aspects of the shoulders, positive Neer and Hawkin's tests, as well as weakness of the right shoulder. All range of motion maneuvers were limited and caused pain complaints with flexion at 90 degrees, extension at 18 degrees, abduction at 36 degrees, adduction at 55 degrees, external rotation at 21 degrees, and internal rotation at 22 degrees. The injured worker returned on April 28, 2014 and reported pain level of 6/10. He had no definite improvements in regards to his range of motion and function with therapy. A physical examination of the left shoulder revealed limited range of motion with active elevation at 110 degrees, passive flexion at 150 degrees, and external rotation flexion at 55 degrees. Decreased strength with resisted abduction and reduced grip strength was evident. He returned on June 2, 2014 and noted some definite improvements and reported that therapy

continued to be beneficial. He however complained a degree of weakness and limited motion. On examination of the left shoulder, active flexion was 120 degrees and abduction external rotation was 60 degrees actively and 90 degrees passively. Pain was noted at extremes of motion. Motor strength with resisted external rotation was decreased. In his follow-up visit on July 14, 2014, the injured worker's condition was unchanged and complained of pain level of 7-8/10 as well as limitations and weakness as expected. On examination active elevation was 130 degrees, passive flexion was 150 degrees, abduction and external rotation was 90 degrees. Strength with resisted abduction remained decreased. Grip strength on the left side was 18. Physical therapy progress report dated March 27, 2014 revealed improvement in ranges of motion as compared to evaluation on January 30, 2014. From 138 degrees of flexion to 150 degrees, and from 93 degrees of abduction to 110 degrees. External rotation remained at 35 degrees. Moreover strength increased from 2-/5 to 3-/5. A progress report dated May 29, 2014 demonstrated 140 degrees of flexion, 115 degrees of abduction, 45 degrees of external rotation, and motor strength of 3-/5. A progress report dated June 26, 2014 showed 148 degrees of flexion, 120 degrees of abduction, 55 degrees of external rotation, and same motor strength of 3-/5. Progress report dated August 21, 2014 revealed 150 degrees of flexion, 120 degrees of abduction, 60 degrees of external rotation and motor strength of 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice per week for six weeks to the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy (PT)

Decision rationale: It should be noted that since the injured worker underwent left shoulder surgery in October 2013 he had received total therapy visits of 53 from November 14, 2013 to August 21, 2014. Given the extensiveness of therapy that the injured worker had undergone, the frequency of treatment should therefore be reduced to transition the injured worker to independent home exercise program. The Official Disability Guidelines recommend fading of treatment frequency from up to three visits per week to one or less plus active self-directed home physical therapy. Although the injured worker demonstrated improvements in pain, objective findings and function, the requested additional 12 sessions of physical therapy is however not medically necessary.