

Case Number:	CM14-0172285		
Date Assigned:	10/23/2014	Date of Injury:	11/02/2011
Decision Date:	11/25/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 Texas. 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 69 year old male with a date of injury on 11/2/2011. The injury was reported relative to cumulative trauma during his employment as a machine operator. He reported a gradual onset of left shoulder, low back and left knee pain. Left shoulder arthroscopic extensive synovectomy, chondroplasty of the glenoid, open subacromial decompression and coracoacromial ligament resection, and rotator cuff repair was performed on 2/28/14. The 7/16/14 treating physician report indicated the injured worker had been approved for physical therapy but had not been scheduled. A physical exam documented left shoulder range of motion was improved compared to previous examination. Pain was noted at 120 degrees. The injured worker was to schedule physical therapy for the left shoulder. The 8/13/14 treating physician report indicated the injured worker was status post left shoulder revision surgery and improving. A physical exam noted increased left shoulder range of motion against gravity when compared to previous exams. Well-healed shoulder incisions were noted. He had not yet started physical therapy. A functional capacity evaluation was requested to systemically document his current physical ability. The injured worker was to follow-up in 4 weeks to assess response to physical therapy. A request was submitted by a chiropractic provider on 9/10/14 for 12 visits of physiotherapy. There were no current clinical notes submitted with the request. The 9/17/14 utilization review denied the request for 12 physiotherapy sessions based on an absence of current clinical records to support the medical necessity of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 12 Sessions for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines would apply. The Medical Treatment Utilization Schedule (MTUS) guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that injured workers are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no current documentation of a specific functional deficit or functional treatment plan to be addressed by additional therapy. There is no documentation of an objective measurable functional benefit to recent physical therapy provided. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request is not medically necessary.