

Case Number:	CM14-0176715		
Date Assigned:	10/30/2014	Date of Injury:	01/23/2012
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 67-year-old male with a 1/23/12 date of injury. According to a progress report dated 10/15/14, the patient presented with a painful left shoulder. He is status post left shoulder arthroscopy along with rotator cuff repair on 2/5/14. Post-surgery, he was sent to physical therapy and gradually regained his movement of his left shoulder. He developed adhesive capsulitis, requiring a self-directed home exercise program. He has finally achieved almost full range of motion and was released to return to his usual and customary work activities on 9/18/14. Objective findings: 10 degrees loss of abduction of left shoulder, otherwise normal left shoulder range of motion, acromioclavicular joint is not tender and there is no crepitus, tenderness to palpation over the anterior, lateral, and posterior shoulder girdle. Diagnostic impression: labral tear of left shoulder, synovitis of left shoulder, impingement syndrome of right shoulder, adhesive capsulitis of left shoulder, and partial tear of biceps tendon left shoulder. Treatment to date: medication management, activity modification, surgery, physical therapy, corticosteroid injection. A UR decision dated 9/30/14 denied the request for 6 additional physical therapy visits. The claimant has had at least 30 post-surgery physical therapy sessions. The claimant has full range of motion, and nearly full strength. There was no indication as to why he is unable to continue his rehabilitation on a home exercise program basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 sessions for the left shoulder.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines - Rotator Cuff Repair.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, guidelines support up to 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. However, according to the UR decision dated 9/30/14, this patient has completed at least 30 post-surgical physical therapy sessions. An additional 6 sessions would exceed guideline recommendations. In addition, the postsurgical physical medicine treatment period of 6 months for this patient's procedure ended in August of 2014. There is no documentation as to why he has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy 2 x 3 sessions for the left shoulder was not medically necessary.