

Case Number:	CM14-0179829		
Date Assigned:	11/04/2014	Date of Injury:	05/29/2013
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopaedic 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 44-year-old male machine operator sustained an industrial injury on 5/29/13. The patient was walking with a 60-pound textile roll on his left shoulder through a narrow hallway, when he slipped and fell on his left knee. As he was falling, the textile roll hit his back. The patient underwent left shoulder arthroscopic repair on 3/17/14. The 6/30/14 progress report indicated that the patient had yet to have access to meaningful treatment; the last request for physical therapy had been denied. Subjective complaint included constant grade 5-6/10 left shoulder pain. Left shoulder exam documented well-healed arthroscopic portals, residual loss of range of motion, and posterolateral and subscapular tenderness. Grip strength was 32/30/28 kg right and 25/23/22 kg left. The treatment plan included additional physical therapy left shoulder. A request was submitted by on 7/8/14 for additional post-op physical therapy 2x6. The 9/3/14 medical legal report cited neck, left shoulder, low back and right lower extremity pain with associated pins and needles. Overall, pain was 7-8/10 and much difficulty was reported with activities of daily living. The patient reported that he was exercising 3 times per week. Physical exam documented normal left upper extremity strength and reflexes with global decreased sensation. Left shoulder exam documented diffused and global tenderness with no acromioclavicular instability. There was possible anterior instability but the patient was difficult to exam due to extensive guarding. Left shoulder range of motion was documented as flexion 90, abduction 90, external rotation 45, internal rotation 60, and extension 20 degrees. Forearm girth was 1 cm less on the left. The examiner requested additional medical records including the operative report and MRI findings. He opined the possible need for a second left shoulder surgery to address anterior instability. The 10/3/14 utilization review relative to the 7/8/14 request denied the request for additional post-op physical therapy 2x6 for the left shoulder as there was no detailed description

of the deficits and treatment goals necessitating further rehab beyond transition to a home program. A request for additional information was sent and no response had been received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, twice per week for the left shoulder QTY 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder surgeries suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The MTUS physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The details regarding the surgical procedure(s) performed were not available in the records. There is no documentation relative to the amount of post-op physical therapy that had been provided to this patient as of 7/8/14, nearly 4 months following surgery. There is no evidence of objective measurable functional improvement with physical therapy to date. There is no documentation of functional abilities or specific functional deficits to be addressed by additional physical therapy. There is no compelling reason presented in the available records to support the medical necessity of additional supervised physical therapy consistent with guidelines and instead of an independent home exercise program. Therefore, this request is not medically necessary.