

Case Number:	CM14-0023262		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2013
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 43-year-old female who sustained a remote industrial injury on 04/23/13 diagnosed with left shoulder rotator cuff tear status post arthroscopic decompression and cervicalgia. Mechanism of injury occurred when the patient was turning a dryer machine on manually but the dryer was not working properly, so as she was turning she felt pain in her left shoulder. The request for Post-operative Physical Therapy #12 was non-certified at utilization review due to the patient completing the recommended 24 postoperative visits without indicating a complication to recovery, efficacy, or extenuating circumstances to support the need for additional visits. The most recent progress note provided is 03/04/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of shoulder pain with range of motion. Physical exam findings concerning the left shoulder appear to reveal tenderness to palpation; a motor strength of 4/5; and limited range of motion. Current medications are not listed. It appears to be noted that the patient denies doing a home exercise program. The treating physician would like to request more physical therapy sessions. Provided documents include several progress notes, special reports, physical therapy daily notes, requests for authorization, work status reports, physical therapy authorization notices, a urine drug screen, and an Operative report dated 11/01/13 that details an arthroscopic left shoulder subacromial decompression and repair of the rotator cuff. The most recent physical therapy note, dated 02/12/14, highlights the patient has completed 24 post-operative visits and would benefit from additional sessions due to deficits in function, range of motion, strength, and pain. This note also discerns that no further skilled care is necessary. The importance of a home exercise program was emphasized during the 12th visit of physical therapy. The patient's previous treatments include left shoulder surgery, cortisone injection, TENS unit, medications, and physical therapy. Imaging studies provided include an MRI of the left shoulder, performed on 06/14/13. The impression of this MRI reveals

supraspinatus and infraspinatus tendinosis and interstitial partial tearing; lateral downsloping of the acromion; moderate acromioclavicular joint osteoarthritis; mild edema of the subacromial-subdeltoid bursa; and teres minor muscle atrophy with fatty replacement. An X-ray of the left shoulder, performed on 04/25/13, reveals unremarkable findings. An EMG/NCS of the left upper extremity, performed on 09/09/13, is also included and reveals moderate carpal tunnel syndrome in the left hand. Another electrodiagnostic study of the left upper extremity was performed on 08/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: According to CA MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation, including the previous utilization review, notes that the patient has completed the 24 post-operative physical therapy sessions recommended by ODG. However, the treating physician or physical therapist does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Rather, the most recent physical therapy note reveals conflicting rationales by highlighting the patient's deficits and then concluding that no further skilled care is necessary. Furthermore, the most recent progress note reveals that the patient denies continuing a home exercise program, implying that the patient did not comply with the goals laid out in her 24 physical therapy sessions. Lastly, the frequency and body part of the requested therapy is not specified in this request. Thus, medical necessity is not supported and the request for Post-operative Physical Therapy # 12 is non-certified.