

Case Number:	CM14-0028528		
Date Assigned:	06/20/2014	Date of Injury:	10/01/2013
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Utah. 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 63-year-old male who reported an injury after picking up a trashcan on 10/01/2013. The clinical note dated 02/14/2014 indicated the injured worker was doing physical therapy regimen and reported improvement, but strength was slow to return. The injured worker reported his shoulder was doing well except for when he lifted weights. On physical examination of the left shoulder, the injured worker was able to get the shoulder activity to 90 degrees with good resistance of the supraspinatus. The injured worker's maximum flexion was 125 degrees equals abduction but notable weakness with attempting to lift a 5-pound dumbbell about the level of the shoulder. The injured worker's diagnoses were rotator cuff rupture to the left rotator cuff, left biceps tendon rupture, and acute left shoulder long head of biceps tendon rupture with rotator cuff supraspinatus tendon tear status post repair of large rotator cuff tear. The clinical note dated 06/03/2014 indicated the injured worker progressed well postoperatively with physical therapy and had returned to his usual and customary work on a full duty full time status. The injured worker reported left shoulder discomfort with certain forceful activity and stiffness in the right shoulder. On physical examination, the range of motion of the left shoulder revealed 120 degrees flexion, 120-degree abduction, 60-degree external rotation, and 45-degree internal rotation. There was no swelling or erythema about the shoulder. The injured worker's prior treatments included diagnostic imaging, surgery, 28 sessions of physical therapy, and medication management. The provider submitted request for additional postoperative physical therapy. A request for authorization form dated 02/14/2014 was submitted for continued treatment for physical therapy; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy (PT) eight (8) sessions for the left shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional postoperative physical therapy (PT) eight (8) sessions for the left shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The Guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical note dated 06/03/2014 indicates the injured worker has reached maximum medical improvement. The injured worker would not meet the criteria to support additional sessions. In addition, an additional 8 sessions is excessive. Moreover, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, additional postoperative physical therapy 8 sessions for the left shoulder is not medically necessary.