

Case Number:	CM14-0029675		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2012
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/08/2014

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, and is licensed to practice in Alabama, New York, and Maryland. 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 patient is a 64 year old male who was injured on 2/15/12. The mechanism of injury was not provided for review. Prior treatment history has included 24 sessions of postoperative physical therapy. The patient underwent left shoulder rotator cuff repair with adhesive capsulitis release. An MRI of the left shoulder dated 3/12/13 revealed the biceps labral complex is intact. There is arthrosis of the AC joint with no compression of the supraspinatus complex. No full thickness supraspinatus or infraspinatus tendon tear was seen. NCV/EMG performed on the left upper extremity on 3/12/13 revealed positive Johnson's test on the left side and chronic C6 nerve root irritation on the left side. Positive for entrapment neuropathy of the median nerve at the left wrist with mild slowing of nerve conduction velocity (carpal tunnel syndrome), and no evidence of entrapment neuropathy on the left ulnar, and radial nerve. A progress report dated 2/18/14 indicates the patient stopped going to therapy. He reported that it helped, but his left shoulder still felt stiff and weak. He stated his neck is tight, but less so since having the injections in December 2013. Objective findings on exam revealed +2 tenderness to palpation along left AC joint, left supraspinatus, left bicipital tendon, left subclavius, and left subscapularis. Active range of motion of the left shoulder revealed flexion to 150 degrees, abduction to 140 degrees, external rotation to 50 degrees, and internal rotation to 60 degrees. Diagnoses are history of cervical strain with radiculopathy, lumbar sprain/strain complaints, fracture of the left clavicle and ribs, and status post left shoulder rotator cuff repair with adhesive capsulitis. It is recommended that the patient continue with physical therapy twice a week for six weeks, and medication therapy, including Norco, Naprosyn, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT(Physical Therapy) 2 x 6 (12) for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS and Official Disability Guidelines recommend physical therapy for the restoration of flexibility, strength, endurance, function, range of motion, and alleviation of pain symptoms. The medical records document that the patient had left shoulder rotator cuff repair with adhesive capsulitis release on unknown date and has completed 24 sessions of postoperative therapy. Further, the documents indicate that the patient has had significant benefit from the therapy and is a good candidate for home therapeutic exercises as an extension of the treatment process in order to maintain improvement levels. Also, the postsurgical guidelines and Official Disability Guidelines allow 24 sessions of postoperative physical therapy, which this patient has already completed. As such, the request is not medically necessary.