MAXIMUS Federal Services

Case Number:	CM14-0031588		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2012
Decision Date:	08/05/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 Illinois. 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 55-year-old male who reported an injury on 05/01/2012 by an unknown mechanism. On 10/31/2013, the injured worker underwent an arthroscopy, partial resection of glenoid labrum, and debridement of the rotator cuff. On 02/20/2014, the injured worker complained of left shoulder of the AC joint. It was noted that the injured worker's left shoulder was getting better although he still had no strength. The injured worker was attending physical therapy that was helping with his range of motion, and his pain level was a 7/10 without medications, and with medications it was a 3/10. The medications included Norco, naproxen, omeprazole, and cyclobenzaprine. There was no range of motion or muscle examination testing noted on the physician's progress report. The diagnoses included musculoligamentous sprain, cervical spine; cervical radiculitis; tear of the rotator cuff, left shoulder; status post open repair, right rotator cuff; status post right ulnar nerve transportation) with typical mediocre results; osteoarthritis AC joint, left shoulder; partial tear rotator cuff, left shoulder; and status post left shoulder arthroscopy with partial resection of glenoid labrum and debridement of rotator cuff. The treatment plan included for a decision on 16 physical therapy visits for the left shoulder. The request for authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Physical Therapy Visits For Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the MTUS Postsurgical Treatment Guidelines, physical therapy for the left shoulder includes 24 visits over 14 weeks of postsurgical treatment period up to 6 months. The injured worker's diagnoses included musculoligamentous sprain, cervical spine; cervical radiculitis; tear of the rotator cuff, left shoulder; status post open repair right rotator cuff; status post right ulnar nerve transportation with typical mediocre results; osteoarthritis AC joint, left shoulder; partial tear rotator cuff, left shoulder; and status post left shoulder arthroscopy with partial resection of glenoid labrum and debridement of rotator cuff. On 01/24/2014 noted that the injured worker was already attending therapy and it was helping his range of motion. There was a lack of evidence of functional improvement and daily home exercise regimen. In addition, the request for 16 visits of physical therapy for the left shoulder does not include how many sessions per week. Given the above, the request for 16 physical therapy visits for the left shoulder is lnot medically necessary and appropriate.