

Case Number:	CM14-0034374		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2006
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/19/2014

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 & Rehabilitation and is licensed to practice in Minnesota. 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 59 year old male who reported an injury on 12/31/2002. The mechanism of injury was reported as lifting heavy equipment in order to clean out the cabin of a boat. Per the clinical note dated 02/14/2014, the injured worker showed improvement with physical therapy, but needed pain management. The examination of the left shoulder noted a negative Hawkins, 4+/5 strength, and +1 acromioclavicular pain with range of motion. The injured worker's diagnoses included cervical herniated nucleus pulposus and left shoulder impingement with tendinitis. Previous treatments included a left shoulder rotator cuff repair on 11/07/2013 and postoperative physical therapy. The requested treatment plan was for additional physical therapy for the left shoulder at 2 times a week for 6 weeks. The request for authorization form and rationale for additional physical therapy was not included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the left shoulder (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker is status post left shoulder rotator cuff repair on 11/07/2013. The California Medical Treatment Utilization Schedule (MTUS) Post-Surgical guidelines state the general course of therapy means the number of visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical physical medicine treatment recommendations. For rotator cuff repair, the guidelines recommend 24 visits over 14 weeks. The physical therapy daily progress note dated 01/31/2014 stated the injured worker reported increased pain in the front of his shoulder when pulling down with his arm but all other activities of daily living were pain free. The total number of visits listed was 27. There is a lack of documentation indicating residual functional deficits requiring additional therapy. In addition, the amount of therapy completed exceeds the recommended total number of visits. Based on the above, the request is not medically necessary and appropriate.