

Case Number:	CM14-0034737		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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 Management 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 male patient with a date of injury of August 17, 2012. A utilization review determination dated February 27, 2014 recommends noncertification of 12 initial post operative physical therapy visits for the left shoulder at two times per week for six weeks. A progress note dated October 28, 2013 identifies subjective complaints of neck pain rated at 4-7/10 at rest, right shoulder pain rated at 4-7/10 at rest, and left shoulder pain rated at 5-9/10 with radiation into the elbow. The patient also complains of left wrist pain rated at 4-8/10 at rest and lower back pain rated at 3-6/10 with radiation into the hips. There is documentation that the patient's own improvement of the left shoulder after surgery, with decreased pain, increased range of motion, and increased activities of daily living. The patient underwent a left shoulder surgery on August 2, 2013. Physical examination of the left shoulder was not performed due to the patient's postsurgical status. Diagnoses include cervical spine herniated nucleus pulposus, cervical spine sprain/strain, status post left shoulder surgery, right shoulder impingement/tear, left wrist carpal tunnel syndrome, right wrist carpal tunnel syndrome, lumbar spine herniated nucleus pulposus, and lumbar spine sprain/strain. The treatment plan recommends additional physical therapy for the left shoulder at two times a week for four weeks in an effort to increase range of motion, increase activities of daily living, and decrease pain. It is noted that the patient had completed 18 sessions of physical therapy postoperatively. There is a request for acupuncture treatment at two times a week for four weeks, authorization for patches and topical creams to apply twice daily to the skin to areas of pain, there is a pending authorization for a right shoulder rotator cuff repair, pending referral for an initial examination treatment for the cervical and lumbar spine with [REDACTED], any follow-up visit as requested in four weeks. There are no further progress notes available for review specifically requesting 12 initial post operative physical therapy visits for the left shoulder at two times per week for six weeks. An MRI of the left shoulder done February

12, 2014 identifies tendinosis and partial bursal surface tear of the supraspinatus tendon, involving approximately 50% of the tendon thickness, and mild degenerative changes of the greater tuberosity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Initial Post-operative Physical Therapy Visits for the Left Shoulder, 2 times a week for 6 weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for 12 (2 times a week for 6 weeks) post-op physical therapy visits for the left shoulder, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it is noted that the patient has completed 18 post-operative physical therapy sessions and was approved for an additional 8 sessions, in total exceeding the number of recommended visits. There is also clear documentation that the patient is currently doing a home exercise program. There is no clear documentation stating why the patient would benefit from further physical therapy, no documentation of specific ongoing objective treatment goals, and no statement indicating why the independent program of home exercise is insufficient to address any remaining objective deficits. In light of the above, 12 (2 times a week for 6 weeks) post-op physical therapy visits for the left shoulder is not medically necessary.