

Case Number:	CM14-0035022		
Date Assigned:	06/23/2014	Date of Injury:	05/15/2013
Decision Date:	07/18/2014	UR Denial Date:	03/19/2014
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 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 52-year-old male who reported an injury on 05/15/2013. He was injured while getting into his work truck. The clinical note dated 05/28/2014 noted the injured worker presented with improved range of motion and minimal pain post-arthroscopic rotator cuff reconstruction. Upon examination, the range of motion values to the left shoulder with overhead elevation to 145 degrees and passively to 160 degrees, with very good strength with forward flexion and resisted internal rotation. The provider noted that the injured worker was medically maximally improved. Prior therapy included physical therapy, surgery, and medication. The request for authorization form was dated 03/03/2014. The provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional twelve (12) physical therapy for the left shoulder: Upheld

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

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

Decision rationale: 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, and range of motion, and can alleviate discomfort. Active therapy requires

an internal effort by the individual to complete a specific task or exercise. 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. There is a lack of documentation regarding the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The Guidelines recommend up to 10 physical therapy visits for up to 4 weeks. The injured worker has had at least 18 sessions of physical therapy visits. The request for physical therapy 2 times a week for 6 weeks would exceed the Guideline recommendations. There were no specific barriers to transitioning the injured worker to an independent and home exercise program. In addition, the rationale for the submitted request was not provided. The provider stated that the injured worker was declared to be at maximum medical improvement. As such, the request for additional twelve (12) physical therapy for the left shoulder are not medically necessary and appropriate.