

Case Number:	CM14-0047813		
Date Assigned:	07/02/2014	Date of Injury:	11/29/2012
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 patient with a date of injury of 11/29/12. A utilization review determination dated 4/9/14 recommends non-certification of PT. The patient is s/p capsular release, SAD, and DCR on 11/12/13 and 32 PT sessions have been approved to date. It referenced a 3/25/14 medical report identifying some pain with overhead activities and laying on the left side. On exam, there is 90% shoulder ROM, 5/5 cuff strength, and 10 degree internal rotation contracture. 5/6/14 medical report identifies pain 6/10 with most range of motion. On exam, active abduction is to 105 degrees with a moderately painful arc of motion and painful endpoint. Active forward flexion is to 175 with a painful arc of motion and internal rotation contracture proximal to 5 degrees. Rotator cuff examination is 5/5. The provider notes that formal PT was denied and 3-4 months of DynaSplint therapy was recommended to increase abduction and external rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10 and 27.

Decision rationale: Regarding the request for physical therapy the California MTUS supports up to 24 PT sessions after shoulder surgery and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 32 prior PT sessions. There is some remaining deficits with AROM abduction to 105 degrees and forward flexion to 175, both with a painful arc. There is a 5-degree internal rotation contracture. Passive ROM measurements are not documented. Given the extensive amount of PT provided to date, there is no rationale provided identifying why additional formal PT would be likely to provide additional benefit beyond what is expected with independent home exercise. In the absence of such documentation, the currently requested physical therapy is not medically necessary.