

Case Number:	CM14-0052329		
Date Assigned:	07/07/2014	Date of Injury:	11/15/2011
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 November 15, 2011. A utilization review determination dated April 8, 2014 recommends non-certification for postoperative physical therapy for the left shoulder. Non-certification was recommended due to lack of documentation of symptomatic or functional improvement from the 12 postoperative therapy sessions previously provided. An operative note dated September 23, 2013 indicates that the patient underwent surgery for impingement syndrome of the left shoulder with debridement of a rotator cuff tear and glenoid labrum tear. A utilization review determination dated October 24, 2013 recommends certification of postoperative physical therapy 12 visits. A progress report dated December 19, 2013 identifies subjective complaints indicating that the patient's range of motion and pain level is improving in the left shoulder. Objective examination findings are not listed. The physical therapy report dated January 29, 2014 seems to indicate that the patient has attended seven physical therapy visits. A progress report dated February 6, 2014 recommends physical therapy for the left shoulder 7 times a week for one week. The note than indicates that the work conditioning program is to restore the patient's physical capacity by increasing strength, endurance, movement, flexibility, and motor control. Objective findings are not listed. The note indicates that the patient is not doing a home exercise program. An electrodiagnostic study performed on March 17, 2014 identifies mild bilateral sensory median nerve carpal tunnel wrist with mild to moderate chronic left C4/C5 radiculopathy. A progress report dated March 10, 2014 includes subjective complaints indicating that the patient is slowly improving with residual left shoulder pain and weakness. The patient is working on stretching and strengthening exercises. Physical examination identifies slightly restricted left shoulder range of motion with mild tenderness at the subacromial bursa. There is also mild weakness with abduction and external rotation. The treatment plan

recommends continuing to work on progressive range of motion, strengthening, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-op physical therapy sessions for the left shoulder (3x4): Upheld

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

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

Decision rationale: Regarding the request for additional physical therapy, 3 times per week for 4 weeks, right 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, there is documentation of 12 physical therapy sessions having previously been authorized. The most recent progress report available for review indicated that the vision has minimal remaining objective deficits. It is unclear why the remaining deficits will be unable to be addressed with an independent program of home exercise. Additionally, it is unclear whether the patient is performing a home exercise program independently as there is some conflicting reporting from different physicians. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.