

Case Number:	CM14-0070966		
Date Assigned:	07/14/2014	Date of Injury:	10/30/2012
Decision Date:	10/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 and is licensed to practice in Alabama. 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 patient is a 38 year old male who was injured on 10/30/2012. The mechanism of injury is unknown. Prior treatment history has included 11 sessions of physical therapy. the patient underwent arthroscopic repair of rotator cuff tear utilizing a double row fixation on 08/20/2013. Initial physical therapy report dated 12/04/2013 documented the patient's left shoulder active range of motion with flexion to 110; abduction to 105 and external rotation to 40. On physical therapy note dated 01/28/2014, the patient's active range of motion revealed flexion to 175; abduction to 175; and external rotation to 45. Progress report dated 03/24/2014 documented the patient presented for follow-up for his shoulder. He reported his pain is better now that he has had surgery. On exam, he has good range of motion of the shoulder and good strength testing to resisted forward flexion and external rotation. His neuro exam is intact. He is status post rotator cuff repair. He has been recommended for physical therapy for the left shoulder as per RFA dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits 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
Guidelines Physical Medicine. Decision based on Non-MTUS Citation Physical Therapy of
Shoulder guidelines ODG

Decision rationale: The above ODG guidelines preface section regarding physical therapy states "Physical medicine treatment (including PT, OT, and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations." The above MTUS guidelines for physical medicine state "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." In this case, note from 3/24/14 does not provide any documentation of functional limitation including flexibility, strength, or range of motion deficits. Instead the note states "he has excellent range of motion of the shoulder and more impressively excellent strength to testing resisted forward flexion and external rotation. Neurologically, he is intact and the rest of the exam generally within normal limits." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.