

Case Number:	CM14-0071181		
Date Assigned:	07/14/2014	Date of Injury:	04/11/2013
Decision Date:	09/29/2014	UR Denial Date:	05/08/2014
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 Orthopedic Surgery 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 56-year-old male production trainer sustained an industrial injury on April 11, 2013 relative to repetitive tasks. The patient underwent left shoulder arthroscopic debridement and subacromial decompression and left elbow debridement, release and repair on December 21, 2013. The April 30, 2014 progress report cited intermittent shoulder pain with certain activities, progressing in physical/occupational therapy. There was increasing left elbow pain with intermittent post-op physical therapy for the elbow to date due to authorization confusion. Shoulder exam documented good rotator cuff tone, moderate impingement signs type 1 and 2, no atrophy, and no tenderness to palpation. Active and passive range of motion testing documented flexion/abduction 160, external rotation 80, internal rotation 50, and adduction 50 degrees. Elbow exam documented moderate medial epicondyle tenderness and moderate pain with resisted wrist flexion localized over the medial epicondyle. There was no swelling, atrophy, or instability. Tinel's and Phalen's tests were negative. Active and passive range of motion testing documented extension 0, flexion 140, pronation 80, and supination 80 degrees with no crepitus. Sensation and strength were intact. Continued post-op therapy was recommended for the left shoulder. Additional physical/occupational therapy was recommended for the left elbow 2x4. The May 8, 2014 utilization review denied the request for occupational therapy for the left shoulder and elbow as there was no documentation relative to the amount of post-op therapy provided. The May 28, 2014 treating physician progress report indicated the patient had completed 24 sessions of post-op physical therapy for the left shoulder but has only received 4 sessions for the elbow. There were no changes in the physical exam findings relative to the elbow. Shoulder exam documented an increase in range of motion and 5/5 rotator cuff strength without pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy on the left shoulder, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: The Post-Surgical Treatment Guidelines for rotator cuff repair and acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This patient was in active post-op therapy for the left shoulder at the time of this request with no clear documentation of how many visits had been provided. Range of motion was functional and there were no strength deficits documented relative to the shoulder. Subsequent records indicated that shoulder therapy had been provided to 24 visits. There is no compelling reason for additional supervised therapy over an independent home exercise program and beyond guideline recommendations. Therefore, the request for occupational therapy on the left shoulder, twice weekly for four weeks, is not medically necessary or appropriate.