

Case Number:	CM14-0097897		
Date Assigned:	07/28/2014	Date of Injury:	09/27/2006
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

The injured worker is a 47 year old male who injured his right shoulder on September 27, 2006 while performing his work as he secured a ladder, which got caught. At that time, he felt right shoulder pain. An initial Worker's Compensation evaluation performed on 3/5/12 showed that the injured worker had diagnoses of rotator cuff rupture, acromioclavicular joint arthritis, and sprain of the sternoclavicular joint. The plan was to schedule right shoulder arthroscopy for subacromial decompression, rotator cuff repair, and possible clavicle excision. A progress note dated 1/3/14 showed that the injured worker was making progress with physical therapy. He had undergone excision of the right proximal clavicle on 8/28/13. The injured worker reported that his strength was still sub-optimal and he was not ready to return to work in February. An examination of the right shoulder showed a well-healed incision. The injured workers flexion was 140, external rotation 60, and internal rotation 45. The plan was for continued physical therapy. A request for continued physical therapy 3 times a week for 4 weeks was made on 1/16/14. The injured worker was evaluated on 2/14/14 and was making progress with physical therapy. A physical examination showed supraspinatus resistance to be 4+/5 and external rotation at the side 4+/5. The plan was for eight weeks of work hardening allowing him to work without restrictions. A request for work hardening 1 time a week for 8 weeks was made on 2/24/14. A progress note from the treating physician on 5/23/14 showed that the injured worker was doing fine and undergoing physical therapy for his left bicep. He had surgery performed on the left by bicep. A physical examination at the right shoulder showed forward elevation to be 140 and motor strength to be 4+/5. On 6/12/14, physical therapy for the right shoulder was made 3 times a week for 4 weeks for 12 sessions. A progress note dated 7/8/14 indicated that the injured worker was improving but not back to normal with regards to his right shoulder. A physical examination should forward elevation to be 150 and muscle strength testing to be 4+/5.

The shoulder showed no significant swelling and no tenderness to palpation. The plan was to continue physical therapy and that patient was not ready to return to work due to left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Three times a week for four weeks for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 26-27, 98-99.

Decision rationale: The injured worker underwent excision of the right proximal clavicle on 8/28/13 and also had a right rotator cuff tendinopathy secondary to his work related injury on 7/27/06. Progress notes indicate that the injured worker has undergone physical therapy since the surgery. A request for continued physical therapy 3 times a week for 4 weeks was made on 1/16/14 and a request for work hardening 1 time a week for 8 weeks was made on 2/24/14. The injured worker then appeared to suffer an injury of his left biceps for which he underwent surgery and physical therapy. On 6/12/14, physical therapy for the right shoulder was made 3 times a week for 4 weeks for 12 sessions. A progress notes indicate that the injured worker's right shoulder range of motion and strength has not significantly changed, even after a work hardening program. Therefore, continued physical therapy is unlikely to produce significant improvement and no rationale is provided as to why physical therapy is indicated after a work hardening program. Therefore, the request for continued physical therapy of the right shoulder (3 times a week for 4 weeks) is not medically necessary.