

Case Number:	CM14-0012596		
Date Assigned:	02/21/2014	Date of Injury:	06/03/2011
Decision Date:	04/20/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female who sustained an industrial injury on 6/03/11, relative to a cumulative trauma. She underwent a right shoulder arthroscopic subacromial decompression, coracoacromial ligament resection, subacromial/subdeltoid bursectomy, Mumford, and debridement of the labrum and rotator cuff on 6/29/12, and a left shoulder arthroscopic subacromial decompression, coracoacromial ligament resection, subacromial/subdeltoid bursectomy, Mumford, and debridement of the labrum and rotator cuff on 3/15/13. The 9/23/2013 treating physician report indicated that her left shoulder was most symptomatic with difficulties in overhead activities and associated weakness. Physical examination documented forward flexion and abduction 160 degrees, internal rotation to the L3/4, and manual muscle testing 4/5 in all planes. She received a Kenalog injection to the left shoulder. The plan of care included physical therapy. Authorization was requested for physical therapy (2x6) for the left shoulder. The 12/16/13 physical therapy progress report documented 80% improvement, with demonstrated improvement in prolonged upper extremity activity and strength. Range of motion was documented as 170 degrees flexion, internal rotation 30 degrees, and 4 to 4+/5 shoulder strength. The 1/2/14 utilization review non-certified the request for 12 physical therapy visits for the right shoulder as the patient had 36 sessions of post-op physical therapy and there were no established barriers that would prevent transition to an independent home exercise program at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General approaches Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient has completed the recommended general course of post-op treatment with documented improvement in strength and range of motion. There is no compelling reason presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.