

Case Number:	CM14-0124877		
Date Assigned:	08/11/2014	Date of Injury:	08/10/2012
Decision Date:	01/02/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 Preventive, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 63 year old employee with date of injury 8/10/12. Medical records indicate the patient is undergoing treatment for left shoulder rotator cuff tear and status post arthroscopic repair 5/17/13. Subjective complaints include increased stiffness and discomfort in the left shoulder with difficulty doing overhead activities. Objective complaints include stiffness with ROM forward flexion 155 degrees and abduction 160 degrees; strength 4+/5 in all directions; well healed surgical scars. Treatment has consisted of arthroscopic surgery 5/17/13, Kenalog injection, 40 post op physical therapy sessions and work restrictions. MRI of the left shoulder in 09/2012 revealed full thickness rotator cuff tear of the supraspinatus and infraspinatus tendons with 5cm of proximal retractions. The utilization review determination was rendered on 7/24/14 recommending non-certification of physical therapy 2 x 6 to left shoulder.

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 to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine

Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy (PT). "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by the patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and Official Disability Guidelines (ODG) for initial 'trial' of treatment. Additionally, sessions may be warranted based on the progress during the initial treatment sessions. The medical documentation provided indicated that this patient has had 40 postoperative PT visits with no evidence of ongoing significant functional improvement and beyond the post-operative period. There is not documentation to indicate why this patient's complaints cannot be addressed through a home exercise program. As such, this request is not medically necessary.