

Case Number:	CM14-0191622		
Date Assigned:	11/25/2014	Date of Injury:	07/29/2013
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational/Pain Medicine and Manipulation 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:

According to the medical records the patient is a 48-year-old male who sustained an industrial injury on July 29, 2013. The patient underwent left shoulder arthroscopic subacromial decompression, rotator cuff repair, glenohumeral debridement, distal clavicle excision and biceps tenodesis on November 26, 2013. He completed 12 sessions of postoperative physical therapy. According to the medical records, on February 7, 2014 an additional 12 sessions of postoperative physical therapy were authorized. The patient was seen on October 27, 2014 at which time he complained of 5/10 left shoulder pain. He complained of continued limited range of motion due to pain and had intermittent muscle spasms. The patient reported the injection given on September 25, 2014 was beneficial for two weeks. Current medications consists of diclofenac and Norco. The patient is unemployed as the employer is unable to accommodate restrictions. Recent left shoulder MRI was compared with the previous MRI. It is noted that given that the patient had surgery approximately 9 months prior to the second MRI it is entirely possible that the findings on the MRI are consistent with postoperative changes and may not actually represent re-tear. It is noted that it generally takes a year of full recovery after rotator cuff repair and the patient has not done extensive physical therapy. He still has some pain, loss of motion and weakness. The physician notes it would be premature to attempt another repair. Recommendation is made for additional physical therapy. Left shoulder range of motion was 150/60/60. Right shoulder range of motion was 170/70/80. Strength was 4/5. The patient was diagnosed with dislocation of shoulder, right rotator cuff tear with AC arthropathy and biceps tendinopathy, sprain of rotator cuff and shoulder arthralgia. Utilization review was performed on November 3, 2014 at which time the request for additional physical therapy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for the Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

Decision rationale: References recommend up to 24 sessions of physical therapy treatments for this patient's condition. The patient has completed the appropriate number of physical therapy treatments recommended by the guidelines. While it is appreciated that the patient has remaining range of motion and strength deficits, given the number of physical therapy treatments completed to date the patient should be able to participate in an independently applied home exercise program to consist of stretching, strengthening, and range of motion exercises. The medical records do not indicate that the patient is unable to perform an independent home exercise regimen. As such, the request for additional physical therapy is not medically necessary.