

Case Number:	CM14-0196013		
Date Assigned:	12/04/2014	Date of Injury:	07/30/2012
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine 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 (IW) Is a 53-year-old woman with a date of injury of July 30, 2012. On the date of injury, she was exiting from her car and fell down a hillside, rolling downwards. She suffered an injury to her left shoulder, cervical spine, right elbow, and her left chest wall. She was initially worked up with an MRI examination of the left shoulder, which showed a rotator cuff repair and failed physical therapy (PT). The IW underwent left rotator cuff repair February 4, 2014. The current working diagnoses are left shoulder impingement syndrome; and left rotator cuff tear; left frozen shoulder; right shoulder rotator cuff, partial tear. Following the left rotator cuff tear on February 4, 2014, the IW underwent physical therapy. Documentation in the medical record indicates that the IW started her initial PT in [REDACTED], and change to a facility in [REDACTED] to transportation difficulties. It appears that the IW underwent 12 sessions of post-op PT, although it is unclear. Objective functional improvement was not documented. Pursuant to a progress noted dated October 17, 2014, the IW complains of constant pain in the left shoulder with radiation. The IW experienced acute pain approximately 1 month after left rotator cuff repair, which the surgeon suspected possible re-injury. The pain is associated with swelling. Physical exam of the left shoulder reveals a positive impingement sign, positive abduction sign and a painful arc. The IW is wearing a sling. Forward flexion left shoulder at 120 degrees and guarded. Abduction left shoulder at 120 degrees. Repeat MRI of the left shoulder dated October 1, 2014 demonstrates a small tear. The treating physician is requesting physical therapy 2 times a week for 6 weeks, 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 the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times per week for six weeks the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). In this case, the injured worker is a 53-year-old woman that is supposed to left shoulder rotator cuff repair. Post-surgery, the injured worker started physical therapy in [REDACTED]. The injured worker wanted to complete physical therapy in [REDACTED]. 12 sessions of physical therapy were initially authorized for the injured worker. The documentation is unclear as to how many sessions were completed at the original facility in [REDACTED]. After care was transferred to [REDACTED], the treating physician wanted an additional set of physical therapy three times per week for four weeks. The documentation is unclear as to the number of visits in the original facility, objective functional improvement in the original facility, whether there was a formal assessment after the six visit clinical trial, and consequently, additional physical therapy two times per week for six weeks to the left shoulder is not medically necessary.