

Case Number:	CM14-0199394		
Date Assigned:	12/09/2014	Date of Injury:	05/01/2012
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/01/12 when, while working as a machine operator, he developed neck and bilateral upper extremity pain. He underwent a left shoulder arthroscopic rotator cuff repair on 03/11/14. He was seen for postoperative follow-up on 05/01/14. He was having moderate left shoulder pain rated at 7/10. He had completed 12 physical therapy sessions. He had findings of left shoulder weakness with decreased range of motion. Authorization for additional physical therapy was requested. He was continued out of work. On 06/12/14 he was having shoulder soreness. He was participating in more intense physical therapy. Physical examination findings included left shoulder tenderness, stiffness, and limited range of motion. On 09/05/14 he reported feeling weak and unable to pick up a gallon of milk or perform ADLs. He was no longer receiving physical therapy treatments. Physical examination findings included decreased shoulder strength. Authorization for additional physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rotator cuff syndrome/Impingement syndrome, p27

Decision rationale: The claimant is more than 2 years status post work-related injury and underwent a left shoulder arthroscopic rotator cuff repair in March 2014 followed by post-operative physical therapy. Post-surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had a course of post-operative physical therapy with therapeutic content to have included a home exercise program. Therefore, the requested additional physical therapy was not medically necessary.