

Case Number:	CM14-0200467		
Date Assigned:	12/10/2014	Date of Injury:	11/14/2000
Decision Date:	03/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 67-year-old man with a date of injury of November 14, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left shoulder rotator cuff tear and labrum tear status post-surgical repair; right foot plantar fasciitis; and right ankle sprain/strain with probable ligament tear. The IW underwent left rotator cuff arthroscopy on June 24, 2014. Pursuant to the progress report dated October 27, 2014, the IW complains of pain in his left shoulder. He also has significant pain in his right ankle and foot. Examination of the left shoulder reveals a well-healed surgical incision site. There are no signs of infection. There is weakness about the left shoulder with motion. There is tenderness noted over the acromioclavicular joint. Range of motion (ROM) flexion is 150 degrees, abduction is 140 degrees, internal rotation is 70 degrees and external rotation is 70 degrees. Motor exam is 5/5 in the upper extremities bilaterally. Sensation is normal to all dermatomes. Deep tendon reflexes are 2+ bilaterally in the C5 biceps tendon, C6 brachioradialis tendon, and C7 triceps tendon. The treating physician is requesting physical therapy to include ultrasound, massage and therapeutic exercises 3 times a week for 4 weeks to the left shoulder. A physical therapy note dated October 15, 2014 indicates the IW has completed 24 physical therapy sessions to the left shoulder. Most recent PT report notes normal ROM and excellent strength. [REDACTED] (ortho) requested additional PT sessions to the left shoulder (8 sessions) on November 7, 2014, which was certified on November 11, 2014. [REDACTED] (orthopedic surgeon) then requested a duplicate PT request, but for 12 sessions (RX: 10/27/14). A call was placed to [REDACTED] office on November 11, 2014. The office withdrew the request on the

peer call. The current request is for continued physical therapy for the left shoulder, three times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the right shoulder, three times weekly for four weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right shoulder three times per week for four weeks 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). When treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. The frequency and duration of physical therapy are enumerated in the Official Disability Guidelines according to the injuries sustained. In this case, the injured worker underwent arthroscopy of the left shoulder. The injured worker's working diagnoses are left shoulder rotator cuff tear, labrum tear, status post-surgical repair; right foot plantar fasciitis; and right ankle sprain/strain with probable ligament tear. The left rotator cuff arthroscopy was performed June 24, 2014. The guidelines allow 24 physical therapy sessions post arthroscopy. The injured worker received 24 physical therapy sessions. There were two orthopedic surgeons treating the injured worker concurrently; one was [REDACTED] and, the other, was a [REDACTED]. The record indicates [REDACTED] requested an additional eight physical therapy sessions on November 7, 2014 to transition the injured worker to a home exercise program. Unbeknownst to [REDACTED], an additional 12 physical therapy sessions were requested. [REDACTED] was unaware of the eight physical therapy sessions requested by D [REDACTED]. [REDACTED] office, after becoming aware, withdrew the subsequent 12 physical therapy sessions. Notably, the most recent physical examination showed normal range of motion and excellent strength. Consequently, absent compelling clinical documentation indicating additional physical therapy is necessary, a normal physical examination of the shoulder, and the subsequent 12 physical therapy sessions withdrawn, physical therapy to the right shoulder three times per week for four weeks is not medically necessary.