

Case Number:	CM15-0140931		
Date Assigned:	07/30/2015	Date of Injury:	03/05/2014
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 75 year old female who sustained an industrial injury on 03-05-2014. Mechanism of injury occurred when she tripped on the desk's leg and fell landing on her right side. Diagnoses include sprain of the rotator cuff, bicipital tenosynovitis and arthropathy of the shoulder, and status post left shoulder arthroscopic subacromial decompression and distal clavicle resection. Treatment to date has included diagnostic studies, medication, status post right shoulder surgery, 32 post-operative physical therapy sessions, home exercises and use of heat. Her medications include Roxicet, Metoprolol, Aspirin Lipitor, Motrin, Keflex, Norco, and Metanx, and Cozaar. A physician progress note dated 05/27/2015 documents the injured worker continues to do well with physical therapy to her left shoulder. She is having moderate pain with forward and side elevations away from her body. Surgical incisions have healed nicely with no signs of infection. Forward elevation is 120 degrees, abduction 95 degrees, external rotation is 45 degrees, internal rotation is 25 degrees. Motion of the elbow is uninhibited. Strength is 30% of the contralateral shoulder. Treatment requested is for post-operative physical therapy (PT) to the left shoulder, two (2) times a week for eight (8) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy (PT) to the left shoulder, two (2) times a week for eight (8) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 32 initial post-op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6-month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and ADL status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-operative physical therapy (PT) to the left shoulder, two (2) times a week for eight (8) weeks is not medically necessary and appropriate.