

Case Number:	CM14-0150076		
Date Assigned:	09/18/2014	Date of Injury:	01/27/2014
Decision Date:	10/23/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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:

Injured worker is a male with date of injury 1/27/2014. Per orthopedic re-evaluation dated 5/23/2014, the injured worker continues to have persistent moderate left shoulder pain. Left shoulder pain is aggravated with heavy lifting, reaching, and pushing activities. Most of the pain occurs during the course of the day, occasional pain at night. No changes to her medical health. No gastrointestinal, respiratory, or cardiovascular complaints. On examination, left shoulder range of motion is reduced in all planes. Left shoulder Neer impingement test, Hawkins impingement test, and Jobe test are positive. Left shoulder anterior AC (acromioclavicular) joint stress test and posterior AC joint stress test are positive. Left shoulder strength is 4/5 for abduction and external rotation (at side). Diagnosis is persistent symptomatic left shoulder impingement syndrome and rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 3 times a week for 4 weeks for left shoulder: Upheld

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

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

Decision rationale: The injured worker is status post decompression and rotator cuff repair on 5/29/2014. The MTUS Guidelines recommend 24 visits of postsurgical physical medicine over 14 weeks. The postsurgical physical medicine treatment period is 6 months. Physical therapy progress note dated 8/22/2014 is for the 23rd session of physical therapy. It is reported that the injured worker continues to make gains in physical therapy with improved range of motion and strength, and that his greatest limitation is with external rotation motion and strength. The injured worker is provided education for home exercise program. An additional 12 sessions of physical therapy is not consistent with the recommendations of the MTUS Guidelines for this surgery. The injured worker has been educated on a home exercise program, and should be equipped to continue with therapy without having it led by a therapist. He is still within the post-surgical period, so the recommendations of the Chronic Pain Medical Treatment Guidelines do not apply. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Additional post-op physical therapy 3 times a week for 4 weeks for left shoulder is determined to not be medically necessary.