

Case Number:	CM14-0092773		
Date Assigned:	07/25/2014	Date of Injury:	07/07/2012
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/19/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 is a 51-year-old male who reported an injury on 07/07/2012. The mechanism of injury was not provided. On 06/30/2014, the injured worker presented for a follow-up of left shoulder arthroscopy. Upon examination of the left shoulder, the range of motion values was 140 degrees of forward elevation, 100 degrees of abduction, 90 degrees of external rotation and 70 degrees of internal rotation. The diagnoses were a superior glenoid labrum lesion and shoulder sprain/strain. Prior therapy included surgery, physical therapy, and medications. The provider recommended physical therapy to the left shoulder. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98..

Decision rationale: The request for physical therapy to the left shoulder with a quantity of 8 is not medically necessary. The California MTUS Guidelines say that active therapy is based on the

philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommends up to 10 visits of physical therapy up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transition the injured worker to an independent home exercise program. Additionally, the provider does not indicate the frequency of the physical therapy visits in the request as submitted. As such, the request is not medically necessary.