

Case Number:	CM14-0096240		
Date Assigned:	07/25/2014	Date of Injury:	02/10/2009
Decision Date:	10/08/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 55 year-old male with an original date of injury of 2/10/2009 and cumulative trauma dates of injury of 9/1/2012-3/23/2014. The patient's industrially related diagnoses include left shoulder pain s/p arthroscopic left shoulder rotator cuff repair x2. The injured worker had left shoulder surgery on 6/2009 and 2/2014 and 16 sessions of physical therapy post-operatively. The disputed issue is physical therapy 2x6 weeks to the left shoulder. A utilization review determination on 7/9/2014 had noncertified these requests. The stated rationale for the denial was "Physical therapy would be indicated, however at a modified number of #2 to allow for functional improvement and/or decrease in pain, re-education in a prescribed self-administered program and assessment of compliance."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks to the Left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: On the progress report dated 5/19/2014, the treating physician documented that the injured worker received 14 sessions of physical therapy treatment after he underwent left

shoulder surgery in 2/2014 and the therapy was helpful. However, the treating physician noted that the injured worker continued to have left shoulder symptoms and documented positive results on physical exam of decreased range of motion of the left shoulder and weakness of the left shoulder on in terminal rotation, external rotation, and abduction. The request for continuation of physical therapy was made to improve range of motion and strength. According to the Chronic Pain Medical Treatment Guidelines referenced above, additional physical therapy is recommended for this injured worker. However, the guidelines states: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." On a physical therapy progress report dated 5/3/2014, the injured worker had completed a total of 16 treatments. The California Medical Treatment and Utilization Schedule Regulations Sections on pages 26-27 recommend 24 visits of physical therapy following shoulder arthroscopic surgery for rotator cuff repair. Since the injured worker has already had 16 sessions of physical therapy with reported benefit but continues to have left shoulder symptoms, additional sessions under supervision from a therapist for instruction in active self directed home physical therapy is recommended but not for 12 sessions. In accordance with post-surgical guidelines, an additional 8 visits at most would be appropriate. The Independent Medical Review process cannot modify the original request. Therefore, physical therapy 2x6 weeks for the left shoulder is not medically necessary.