

Case Number:	CM15-0064839		
Date Assigned:	04/10/2015	Date of Injury:	08/14/2009
Decision Date:	05/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on August 14, 2009. The injured worker was diagnosed as having left shoulder sprain/strain and partial tear of rotator cuff. Treatment and diagnostic studies to date have included medication, surgery and physical therapy. A progress note dated February 24, 2015 provides the injured worker is 18 weeks post-operative left shoulder superior labrum anterior and posterior (SLAP) repair and rotator cuff repair. His pain is 0/10 at rest and 4-5/10 at worst. His range of motion (ROM) is about 40% of normal and is reported to be doing pretty well by the physical therapist. The plan includes home exercise and additional physical therapy. There is a request dated March 19, 2015 for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2009 and underwent an arthroscopic left rotator cuff and labral repair on 10/21/14. As of 02/26/15, he had completed 23 postoperative physical therapy treatment sessions. When seen, he was performing a home exercise program. His symptoms had improved. His range of motion was still decreased. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had a course of post-operative physical therapy with therapeutic content to have included a home exercise program and the additional therapy requested is in excess of that recommended. It is not medically necessary.