

Case Number:	CM14-0150798		
Date Assigned:	09/19/2014	Date of Injury:	07/22/2008
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 07/22/2008. The mechanism of injury was not provided. Diagnoses included status post subacromial decompression and biceps tenodesis. Past treatments included physical therapy to the left shoulder and medications. Pertinent diagnostic testing was not provided. Surgical history included a subacromial decompression and biceps tenodesis to the left shoulder on 01/23/2014. The physical therapy note dated 07/10/2014 indicated the injured worker complained of left shoulder pain and weakness. He rated the pain 3/10 to 6/10. The physical therapist noted active range of motion for the left shoulder was 160 degrees of flexion, 135 degrees of abduction, 68 degrees of external rotation, and 55 degrees of internal rotation. Manual muscle strength was rated 5- for flexion, 5 for abduction, 4 for external rotation, and 5- for internal rotation. Current medications were not provided. The treatment plan included 12 additional postoperative physical therapy sessions. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Physical Therapy Qty, 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California MTUS Guidelines indicate that postoperative physical therapy is recommended for rotator cuff syndrome to include 24 visits over 14 weeks, with an initial course of therapy of 12 visits. The injured worker underwent subacromial decompression and biceps tenodesis on 01/23/2014. The clinical documentation provided indicated the injured worker had previously completed 8 physical therapy sessions. An evaluation and physical therapy note dated 07/10/2014 indicated the injured worker had active range of motion to the left shoulder of 160 degrees of flexion, 135 degrees of abduction, and manual muscle strength of 5- in flexion and 5 in abduction. There is a lack of clinical documentation to indicate the efficacy of previous physical therapy sessions, including previous quantified values for range of motion and manual muscle strength to allow for comparison. It is unclear as to the exact number of postoperative physical therapy sessions the injured worker had completed, and an additional 12 visits may exceed the guideline recommendations. The request also does not indicate the specific body part to be addressed during therapy. Therefore, the request cannot be supported at this time. As such, the request for Additional Post-Operative Physical Therapy Qty, 12 is not medically necessary.