

Case Number:	CM14-0156308		
Date Assigned:	09/25/2014	Date of Injury:	03/30/2012
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 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:

This is a 51-year-old male with a 3/30/12 date of injury, when he sustained an injury to his left shoulder during a law enforcement training exercises. The patient underwent left shoulder arthroscopy and Bankart procedure in 06/12 and left shoulder arthroscopy and capsular release on 8/9/13. The patient was seen on 8/12/14 with complaints of 7-9/10 dull aching pain in the left shoulder occasionally radiating into the left upper arm. Exam findings of the left shoulder revealed flexion 110 degrees, abduction 90 degrees, external rotation 70 degrees and internal rotation 30 degrees. The sensation in the left upper extremity was altered to light touch and the patient had mildly positive empty can test on the left. The diagnosis is left shoulder dislocation, rotator cuff tear and adhesive capsulitis. Treatment to date: PT, work restrictions, ice, and medications. An adverse determination was received on 8/29/14 given that the patient had postoperative PT treatment and had additional 7 sessions of PT and there was no discussion with regards to the home exercise program

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits, 2 times per week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medical Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/27/2014), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress notes indicated that the patient underwent postoperative PT in November 2013 and he still complained of stiffness, weakness and pain in the left shoulder. The patient accomplished additional 7 sessions of PT for his left shoulder on 8/12/14. However, there is no rationale with regards to the need for an additional PT sessions with clearly specified goals for the patient. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical therapy visits 2 times per week for 6 weeks for the left shoulder is not medically necessary.