

Case Number:	CM14-0123978		
Date Assigned:	08/08/2014	Date of Injury:	09/24/2012
Decision Date:	09/14/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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:

This 38 year old man sustained an industrial injury on 9-24-2012. The mechanism of injury is not detailed. Diagnoses include history of left shoulder partial cuff tear and impingement and continued hand pain after surgical intervention. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 7-28-2014 show complaints of left shoulder pain with pain in the hands with numbness and tingling. Recommendations include additional physical therapy, Motrin, and follow up with the primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy, 2x6, Left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguide.org/Shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2012 and underwent left shoulder arthroscopic surgery for a partial rotator cuff tear and impingement in March 2014 followed by post-operative physical therapy with case notes referencing completion of 36 treatments as of 08/07/14. When seen, he was making slow and steady progress. There was pain over the acromioclavicular joint and he was having ongoing difficulty with range of motion. There was decreased shoulder range of motion. Guidelines recommend up to 24 physical therapy treatments over 14 weeks after the surgery that was performed with a post-surgical treatment period of 6 months. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the number of treatments already provided was in excess of that recommended and the request itself does not reflect a fading of treatment frequency. Providing additional skilled physical therapy services in excess of the number required would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional therapy being requested was not medically necessary.