

Case Number:	CM13-0026940		
Date Assigned:	09/08/2014	Date of Injury:	10/08/2012
Decision Date:	12/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Family Practice 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 patient is a 56 years old male employee of the [REDACTED], who sustained an industrial injury on 9/8/12. He underwent left shoulder surgical and diagnostic arthroscopy, partial anterolateral acromioplasty, excision of subacromial bursa, anterior labral debridement, partial synovectomy, cartilage debridement of the glen humeral articulation, and distal clavicle excision on 02/07/13. He has completed 33/36 visits as of 06/17/13. He has had 7 visits from 07/03/13 until 09/05/13. He was seen on 8/26/13 at which time it was noted that he was doing well up until he started walking the dog and his shoulder was pulled. He has noted pain and discomfort. Left shoulder examination revealed mild swelling and mild tenderness. Range of motion in flexion is 150/180, extension is 30/50, internal rotation is 90/90, external rotation is 30/60, abduction is 150/180 and adduction is 30/50. Strength testing is 5/5. Recommendation is made of PT 2x4. The patient is to return to work without restrictions. Utilization review dated 9/10/2013 non-certified the request for additional PT as there was no significant restriction of motion, weakness, or functional limitation to address in physical therapy. Further, there was no indication that the claimant would not benefit from a comprehensive home program for self-management of remaining complaints and deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LEFT SHOULDER (2 TIMES PER WEEK FOR 4 WEEKS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: The patient is status post left shoulder surgery in February 2013 and has completed his post-operative rehabilitation. He was seen on 8/26/13 at which time he had sustained a flare-up. The request for 8 sessions of physical therapy treatments would be supported to address the flare-up and allow him to continue his work duties. The physical therapy treatments can also re-educate the patient in a home exercise program. As such, the request for additional physical therapy 2x4 is medically necessary.