

Case Number:	CM13-0030849		
Date Assigned:	12/18/2013	Date of Injury:	10/12/2011
Decision Date:	03/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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 sustained a work-related injury on 10/12/11. The mechanism of injury was a slip and fall, causing the left shoulder to dislocate. An MRI of the left shoulder from 11/7/11 showed a SLAP lesion, Hills-Sachs lesion, and impingement. He also had adhesive capsulitis and an acromioplasty. The patient has undergone 28 physical therapy sessions thus far, including four refresher sessions in 2013. A note dated 11/12/13 indicates that the patient has pain and weakness in the left shoulder, but the injection to that shoulder helped. He was taking Naproxen as needed, and was doing home exercises as instructed. Physical examination revealed generalized tenderness of the left shoulder. There was weakness in internal rotation and abduction, but there was no instability. The patient was status post acromioplasty, status post dislocation and anterior labral tear of the left shoulder with weakness, and bursitis of the right shoulder secondary to the left shoulder injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 additional sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient has exceeded the recommended number of visits for his condition and documentation does not show evidence of significant functional improvement. Per the MTUS guidelines, a subsequent course of therapy can be prescribed within the parameters of the general course of therapy applicable to the specific surgery if functional improvement exists. Additionally, guidelines recommend to allow for fading of treatment frequency from up to 3 visits per week to one or less. An active self-directed home exercised program should be added at this time. At this stage, the patient should be well versed in a home exercise program; therefore, the request is not medically necessary.