

Case Number:	CM13-0057055		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2012
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working least at 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 is a 42-year-old male who reported an injury on 03/09/2012. The mechanism of injury was not provided. The patient underwent surgery for a superior labrum anterior and posterior (SLAP) lesion on 01/15/2013. The patient was noted to have 20 sessions of postoperative physical therapy. The office note to accompany the request indicated that the patient had tenderness in the anterior shoulder and biceps tendon with a positive Speed's and Yergason's test. The shoulder motion was noted to be abduction of 150 degrees, forward flexion of 160 degrees, external rotation of 70 degrees, and internal rotation to T12. The patient had subjective complaints of left shoulder pain 3/5 that was dull with extremes of motion and at night. The patient's diagnosis was noted to be status post left shoulder arthroscopic debridement of the anterior labrum, paralabral cyst, anterior glenoid articular cartilage and humeral head, distal clavicle excision and SLAP repair, left shoulder degenerative joint disease, and left shoulder biceps tenosynovitis. The discussion/treatment was noted to be due to the worsening of the biceps tenosynovitis therapies recommended. The physician indicated the patient would begin physical therapy 2 times a week for 4 weeks for anti-inflammatory modalities and range of motion exercises progressing to strengthening and stretching and a home exercise program for the biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: As the patient was noted to be 10 months past surgery, the surgical Guidelines would not apply. California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 20 postoperative sessions of physical therapy and there was a lack of documentation of the patient's functional response and remaining functional deficits. The patient should be well versed in a home exercise program. The request as submitted failed to indicate the body part that was to be treated with physical therapy. Given the above, the request for physical therapy two (2) times a week for four (4) weeks is not medically necessary.