

Case Number:	CM13-0058648		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2008
Decision Date:	03/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Pain Management, 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 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:

This is a female patient with the date of injury of May 27, 2008. An evaluation dated November 8, 2013 identifies tenderness to palpation over the anterior capsule on the left. Range of motion reveals abduction and forward flexion to 160 degrees on the left, 180 degrees on the right, extension and adduction to 40 degrees on the left, 50 degrees on the right, internal and external rotation to 70 degrees on the left, and 90 degrees on the right. Apprehension is positive on the left. There is decreased sensation over the anterior proximal left arm. Impression includes status post arthroscopic Bankart repair of the left shoulder 3/9/09 with residual instability, status post left shoulder arthroscopy, SLAP repair, decompression, extensive debridement, platelet rich plasma injection with blood harvest, status post left shoulder arthroscopy, extensive debridement, microfracture chondroplasty, status post left shoulder arthroscopy, biceps tenodesis, debridement, and microfracture chondroplasty with BioCartilage humeral head arthroplasty. There are plans to proceed with left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines have more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided and no mention of specific ongoing objective treatment goals. The medical records identify that the patient has had 33 prior therapy visits. At this point, the patient should have progressed to an independent program of home exercise to address any remaining objective deficits. In light of such issues, the current request for additional physical therapy is not medically necessary.