

Case Number:	CM14-0061916		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2012
Decision Date:	10/17/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	05/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 43-year-old male who has submitted a claim for shoulder injury, associated with an industrial injury date of 04/23/12. Medical records from March 2014 to August 2014 were reviewed. Patient complained of pain in his neck, left shoulder, and low back after sustaining a fall from a ladder. Patient underwent left shoulder arthroscopic surgery on February 3, 2012. After the surgery, patient had 12 sessions of physical therapy. The exact date the physical therapy started was not mentioned in the available documents. It was stated, however, that the patient responded well from the pain medications and the previous physical therapy. Physical examination revealed range of motion was forward flexion 170 degrees, abduction 180 degrees, and external rotation in forward flexion right 170, left 160. External rotation was right 70/50. Internal rotation in abduction was right 90/left 80, external rotation in abduction was right 90/left 80. Magnetic Resonance Imaging (MRI) of the lumbar spine, dated April 2, 2014, revealed left foraminal disc protrusion at L4-L5 and paracentral disc protrusion at L5-S1. Electromyography (EMG) and Nerve Conduction Velocity Studies (NCV), dated September 8 2014, was normal. Treatment to date has included pain medications and 12 sessions of physical therapy. Utilization review from March 26, 2014 denied the request for 18 post-operative physical therapy to the left shoulder, 3 times a week for 6 weeks, as outpatient. The patient already had previous sessions of physical therapy and had an excellent outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 post-operative physical therapy to the left shoulder, 3 times a week for 6 weeks, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, frequency of physical medicine should be tapered and transition into a self-directed home program. In this case, patient underwent left shoulder arthroscopic surgery on February 3, 2012. The patient completed 12 sessions of physical therapy. It was noted that patient was already pain free and had intact strength. The rationale for requesting additional post-op physical therapy was to help the patient regain 100% functionality, but it was noted that he was able to work fully with no restrictions. There was no compelling rationale concerning the need for variance from the guideline. It was likewise unclear why patient cannot transition into a self-directed home exercise program. Therefore, the request for additional 12 sessions of post-op physical therapy to the left shoulder is not medically necessary.