

Case Number:	CM14-0039089		
Date Assigned:	06/27/2014	Date of Injury:	11/29/2013
Decision Date:	01/28/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal Medicine, 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 an injured worker with a history of left shoulder injury. Date of injury was November 29, 2013. The initial orthopaedic evaluation dated January 22, 2014 documented an evaluation of the left shoulder. On November 29, 2013, the patient fell and landed on his left side. He subsequently dislocated his left shoulder. He went to the emergency room. He had a relocation of the left shoulder under anesthesia. The progress report dated February 5, 2014 documented that patient was seen for evaluation of his left shoulder. MRI magnetic resonance imaging scan of the left shoulder on January 31, 2014 showed a large non-engaging Hill-Sachs impaction deformity of the humeral head with bone marrow edema. There is evidence of involvement of the humeral head articular surface. There is also a large soft-tissue Bankart lesion with complete fragmentation of the anterior labrum down to the anterior inferior quadrant. There are multiple soft-tissue fragments and loose bodies within the subcoracoid recess. There is a Buford complex with a thickened cord-like medial glenohumeral ligament, evidence of a sublabral recess, small superficial articular surface, partial tear of the distal anterior rotator cuff and supraspinatus tendon. The biceps tendon shows evidence of instability with partial medial subluxation over the lesser tuberosity. There is residual edema and thickening of the inferior glenohumeral ligament. Physical examination was documented. The left shoulder was quite stiff. Forward elevation was about 90 degrees, and abduction was 85 degrees. Painful internal and external rotation was noted. He has pain with any rotation internally and externally. Assessment was left shoulder injury. The patient has a history of left shoulder injury. Left shoulder dislocation with re-location was completed under anesthesia. Date of injury was November 29, 2013. Hill-Sachs deformity of the left shoulder confirmed by MRI studies of the left shoulder on January 31, 2014 done at [REDACTED] with MRI magnetic resonance imaging evidence of non-engaging large Hill-Sachs lesion and large soft tissue Bankart, lesion with complete

fragmentation of the anterior labrum to the anterior inferior quadrant. The patient has a stiff painful shoulder. Treatment plan was documented. The shoulder exam shows stiffness and pain. Physical therapy was recommended. Utilization review letter dated March 10, 2014 documented that 24 physical therapy sessions were previously authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Physical therapy

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 12 visits for dislocation of shoulder. Medical records document a left shoulder dislocation injury with reduction on November 29, 2013. The utilization review letter dated March 10, 2014 documented that 24 physical therapy sessions were previously authorized. No physical therapy progress reports were present in the submitted medical records. No functional improvement with past PT physical therapy treatments were documented. MTUS and ODG guidelines allow for up to 12 physical therapy visits for shoulder dislocation. Without documentation of functional improvement with past PT physical therapy treatments, the request for additional physical therapy visits is not supported. Therefore, the request for physical therapy 2 times 6 for the left shoulder is not medically necessary.