

Case Number:	CM15-0000820		
Date Assigned:	01/12/2015	Date of Injury:	09/16/2013
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 46 year old male, who sustained an industrial injury on 9/16/2013, after his left small finger got caught in a door, causing a laceration and partial amputation of his left small finger. The injured worker underwent left shoulder arthroscopy, debridement of partial rotator cuff tendon and degenerative superior labral tear, arthroscopic distal clavicular resection, and arthroscopic subacromial decompression on September 15, 2014. The diagnoses have included rotator cuff (capsule) sprain. Treatment to date has included surgical intervention and conservative measures. An x-ray of the left shoulder, dated 10/04/2014, noted Grade 1 left acromioclavicular joint separation. Physical therapy evaluation was completed on 9/25/2014 and third visit was noted on 10/03/2014. The physical therapy notes had poor copy quality. No further physical therapy notes were submitted. Currently, the injured worker "continues to improve" and was generally "doing reasonably well". Pain medication was requested and provided and a light strengthening program was initiated. He was documented as not overusing or abusing prescribed medications. Physical examination revealed range of motion with forward flexion at 160 degrees and external rotation at 60 degrees. Mild rotator cuff weakness was noted and neurovascular exam was intact. On 12/12/2014, Utilization Review non certified a request for physical therapy (2x week for 4wks-8 sessions) to the left shoulder, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 4 weeks (8 sessions), left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The patient has persistent left shoulder pain and limited function. The current request is for Physical Therapy 2x week x 4 weeks (8 sessions), Left Shoulder. The attending physician report dated 11/20/14 indicates the patient is status-post two months left shoulder arthroscopy, subacromial decompression and distal clavicular resection. He notes the patient appears to be responding well. He recommends continued therapy transitioning to light strengthening program. He notes the patient is improving and can return to modified work if available. Physical examination findings indicate increased shoulder flexion and rotation. Mild cuff weakness is noted. The CA MTUS post-surgical guidelines allow for 24 visits over 14 weeks for physical medicine. The available medical records appear to support medical necessity and as such, my recommendation is for approval.