

Case Number:	CM15-0004129		
Date Assigned:	01/15/2015	Date of Injury:	12/04/2013
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 (IW) is a 38 year old male, who sustained an industrial injury on December 4, 2013. He has reported Left shoulder pain and was diagnosed with left shoulder pain and mass, left shoulder mild bursal puddle and impingement syndrome and acromioclavicular arthritis. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, physical therapy, pain medications, left shoulder arthroscopy with rotator cuff repair and distal clavicle resection, open lipoma excision and subacromial decompression on July 8, 2014. Currently, the IW complains of continued left shoulder pain. The IW sustained a work related injury with secondary left shoulder pain. He underwent surgical intervention on the left shoulder in July of 2014. Following the procedure, it was noted he was on modified work duties and required physical therapy. It was noted on December 22, 2014, the pain was still present and the previous physical therapy provided him with minimal improvements. The treatment plan at this time included further strengthening. On December 31, 2014, Utilization Review non-certified a request for 12 additional post-operative physical therapy visits for the left shoulder noting the MTUS and ODG Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of requested 12 additional post-operative physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional post-operative physical therapy visits for left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, Shoulder Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Physical therapy

Decision rationale: The patient presents with unrated left shoulder pain following recent surgery. The patient's date of injury is 12/04/13. Patient is status post left shoulder arthroscopic rotator cuff repair, decompression, Mumford procedure, subpectoral biceps tenodesis, and open lipoma excision on 07/08/14. The request is for 12 ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY VISITS FOR LEFT SHOULDER. The RFA is dated 12/22/14. Physical examination dated 12/19/14 reveals normal median, ulnar, radial, lateral antebrachial, and axillary nerve function. Treater notes a well healing surgical incision without erythema or signs of infection. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the left shoulder dated 03/19/14, significant findings include: "The components of the rotator cuff reveal mild tendinosis/tendinopathy of the supraspinatus and subscapularis minimal acromioclavicular joint arthropathy without significant narrowing of the supraspinatus outlet." Progress report dated 12/19/14 advises the patient to do sedentary work only. ODG Shoulder Chapter, under Physical therapy states: "Recommended. Positive -limited evidence-. See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. ODG Physical Therapy Guidelines: Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Post-surgical treatment RC repair/acromioplasty: 24 visits over 14 weeks. In regards to the 12 sessions of post-operative physical therapy for the improvement of this patient's surgical recovery and pain, the request appears reasonable. Reports provided for review indicate that this patient has completed at least 2 physical therapy sessions to date, though no record of functional improvement is provided. However, an allotment of 24 sessions following a procedure of this nature is supported by ODG guidelines, the requested 12 sessions plus the two already completed fall well within the guideline recommendations. The request IS medically necessary.