

Case Number:	CM15-0004504		
Date Assigned:	01/15/2015	Date of Injury:	07/30/2013
Decision Date:	04/03/2015	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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 45-year-old male who sustained an industrial injury on 7/30/14. Injury occurred when he used his left arm to push himself out of a chair and his left shoulder popped with sudden onset of pain. He was diagnosed with a left shoulder posterior superior labral tear and underwent a SLAP repair on 8/14/14. The 12/22/14 treating physician report cited some left shoulder pain and stiffness. The injured worker wanted to proceed with a corticosteroid injection. Physical exam documented active range of motion as flexion 150, abduction 140, external rotation 70, and internal rotation 60 degrees. A corticosteroid injection was provided and continued physical therapy 2x4 was recommended. Twenty four post-op physical therapy sessions were approved and completed as of 12/30/14. On 12/31/14, utilization review modified a request for eight additional physical therapy sessions to 3 additional sessions for the left shoulder. The MTUS, Postsurgical Treatment Guidelines and Official Disability Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy visits x8 visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for shoulder impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This patient completed the general course of post-op therapy as of 12/30/14. The 12/31/14 utilization review modified the request for 8 sessions to 3 additional sessions. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program and beyond guidelines recommendations. Therefore, this request is not medically necessary.