

Case Number:	CM15-0006737		
Date Assigned:	01/26/2015	Date of Injury:	08/02/2011
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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:

This 58 year old female was injured 8/2/11 in an industrial accident. He currently complains of neck, left shoulder and left elbow pain. His shoulder pain continues to decrease. His pain level is 5/10 with medications and 7/10 without. Medications are Lidoderm %5 patches, naproxen 500 mg and Neurontin 300 mg. Treatments included post-operative physical therapy; interlaminar epidural steroid injection at C7-T1 and home exercise program. Diagnoses include status post arthroscopic left rotator cuff repair; left subacromial decompression including acromioplasty and resection of coracoacromial ligament; shoulder pain; cervical radiculopathy, post-concussion syndrome; pain in lower leg. On 12/19/14 Utilization Review non-certified the request for post-operative physical therapy of the left shoulder citing MTUS Post-operative Physical Therapy Guidelines for arthroscopic repair of rotator cuff syndrome. The injured worker has completed 36 session of physical therapy and this exceeds the general course of therapy which includes 24 sessions over 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six post-operative physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 neck and left shoulder pain rated 4/10 with medications and 6/10 without medications. The patient's date of injury is 08/02/11. Patient is status post arthroscopic left shoulder rotator cuff repair with subacromial decompression including acromioplasty and resection of the coracoacromial ligament on 06/17/14. The request is for Six Post-Operative Physical Therapy Sessions For The Left Shoulder. The RFA was not provided. Physical examination dated 01/15/15 revealed tenderness to palpation of the biceps groove and glenohumeral joint of the left shoulder and decreased range of motion especially on flexion and abduction. The patient is currently prescribed Neurontin. Diagnostic imaging was not included. Patient is temporarily totally disabled. 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 requested additional six post-operative physical therapy sessions for this patients continuing shoulder pain, the requested sessions exceed guideline recommendations. Records provided indicate that this patient has already had 36 post-operative sessions of physical therapy to date exceeding guideline recommendations which specify 24 sessions. ODG guidelines indicate that the post-operative period for this surgery is 6 months and this patient's date of surgery was 06/17/14. Therefore, this patient is outside the post-operative time period. Furthermore, no rationale is provided as to why this patient is unable to transition to a home-based physical therapy routine and there are no reports of re-injury or flare-ups which would warrant additional sessions. Therefore, this request is not medically necessary.