

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0100924 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 10/03/2007 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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 is a 54-year-old female, who sustained an industrial injury on 10/3/07. Initial complaints were not reviewed. The injured worker was diagnosed as having left shoulder full thickness rotator cuff tear; multilevel cervical degeneration disc disease; left carpal tunnel syndrome. Treatment to date has included status post left shoulder arthroscopy, decompression, debridement and rotator cuff repair (9/12/14); physical therapy. Diagnostics included MRI cervical spine (10/2011). Currently, the PR-2 notes dated 4/29/15 indicated the injured worker presents to the clinic on this date for an orthopedic re-evaluation regarding her left shoulder. She is a status post left shoulder arthroscopy, decompression, debridement and rotator cuff repair performed on 9/12/14; followed by physical therapy (18 sessions were completed as of 2/17/15 and 12 sessions authorized on 3/20/15 for a total of 30 sessions.) Postoperatively, she is making steady progress. She states she still has some residual deficits in her range of motion and strength and does have occasional achiness, stiffness and pain especially at end ranges of motion in her shoulder. The provider notes the injured worker has an AME on 2/25/15 and reports the left shoulder treatment to include courses of physical therapy as well as potential left shoulder diagnostic and operative revision arthroscopy should there be increase in the severity of her symptoms. On physical examination, the findings are for the left shoulder range of motion is 0-165 degrees of forward flexion, 0-160 degrees of abduction. There is stiffness and pain at end ranges of motion with strength notes to be 4/5. Additional medical included results of an MRI of the cervical spine dated 10/2011 noting multilevel degenerative disc disease. The injured worker also has a clinical history of breast cancer and status post chemotherapy, radiation and surgery.

His treatment plan at this time includes physical therapy for the left shoulder 12 sessions (2 times a week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 114; Official Disability Guidelines: Physical Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months.

Decision rationale: The patient is s/p shoulder arthroscopy for rotator cuff repair on 9/12/14 and has completed at least 30 PT sessions. Chronic guidelines are applicable as the rehab period is beyond acute post-operative phase. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 30 authorized PT visits for the arthroscopic repair over 9 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Physical Therapy, Left Shoulder, 2 times wkly for 6 wks, 12 sessions is not medically necessary and appropriate.