

Case Number:	CM15-0102789		
Date Assigned:	06/05/2015	Date of Injury:	10/01/2007
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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(n) 43 year old male, who sustained an industrial injury on 10/1/07. He reported pain in the left shoulder, bilateral knees and back. The injured worker was diagnosed as having neurapraxia of axillary nerve, status post total shoulder arthroplasty. Treatment to date has included physical therapy x 22 visits, NSAIDs, Voltaren and Flexeril. On 3/2/15, the passive range of motion of the left shoulder was flexion 180 degrees and abduction 170 degrees. The injured worker reported being unable to hold his arm up in a fixed place. As of the PR2 dated 4/20/15, the treating physician discussed the results of the nerve test with the injured worker. Objective findings include passive range of motion flexion 180 degrees, abduction 160 degrees, internal rotation 80 degrees and external rotation 45 degrees. The treating physician requested post-operative physical therapy 2 x weekly for 8 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 8 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy two times per week times eight weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post left shoulder total arthroplasty. The guideline recommendations indicate 24 sessions of physical therapy over 10 weeks. The injured worker as of March 12, 2015 completed 24 sessions of physical therapy. The documentation indicates significant restricted range of motion with an inability to lift the arm. The treating provider requested an additional 16 physical therapy sessions. Although additional physical therapy is clinically warranted, there is no clinical indication for 16 visits. There are no compelling clinical facts indicating 16 physical therapy sessions are indicated based on the medical record documentation. The utilization review modified 16 physical therapy sessions to 12 physical therapy sessions. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, postoperative physical therapy two times per week times eight weeks to the left shoulder is not medically necessary.