

Case Number:	CM15-0102917		
Date Assigned:	06/05/2015	Date of Injury:	10/11/2013
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on 10/11/2013. The mechanism of injury is unknown. The injured worker was diagnosed as four months status post left shoulder rotator cuff repair, distal clavicle resection and subacromial decompression. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/23/2015, the injured worker complains of numbness and tingling in the median nerve distribution. Physical examination showed improved rotator cuff range of motion, good strength and mild impingement. The treating physician is requesting 4 sessions of post-operative physical therapy 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 1 time a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): s 98-99, Postsurgical Treatment Guidelines Page(s): s 27 and 11-12.

Decision rationale: Postsurgical physical medicine treatment period: 6 months and Postsurgical Patient Management Post-operative physical therapy 1 time a week for 4 weeks for the left shoulder is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommend transitioning to an independent home exercise program. The MTUS Post Surgical Guidelines state that the frequency of PT visits should be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The documentation does not specifically indicate whether this was an open or arthroscopic shoulder surgery, however the documentation does not reveal significant functional deficits that at this point cannot be improved with an independent home exercise program. The request for 4 more supervised physical therapy visits are not medically necessary.