

Case Number:	CM15-0105585		
Date Assigned:	06/09/2015	Date of Injury:	08/23/2013
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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 45 year old male who sustained an industrial injury on 8/23/13 and had shoulder pain since fighting a Rim fire. He had shoulder surgery on 10/20/14 and used a sling for four weeks with good results. He has low back pain but improved right shoulder and is seven months postop. He has continued improvement with range of motion of the shoulder. Diagnoses include status post right shoulder arthroscopy with superior labrum anterior on posterior repair (10/20/14); olecranon bursitis; sprain shoulder/ arm. Treatments to date include physical therapy with improvement. In the progress note dated 5/14/15 the treating provider's plan of care includes 8 additional physical therapy sessions to the right shoulder as he has improved with three sessions, per physical therapy, but requires more sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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, physical therapy right shoulder #8 sessions 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 diagnoses are olecranon bursitis; and sprain shoulder/arm. Utilization review indicates the injured worker received 24 sessions of physical therapy in the postoperative period. Injured worker had an arthroscopy of the right shoulder with a SLAP repair. An additional four physical therapy sessions were authorized April 29, 2015. A directive that accompanied the authorization indicated that any further physical therapy would need to be addressed through a home exercise program. Additionally, the injured worker had extensive physical therapy (24 sessions) and should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. There are progress notes in the medical record, however they are difficult to interpret/read. There is no documentation that demonstrates objective functional improvement (with specifics). There is no compelling clinical documentation indicating additional physical therapy (over and above guideline recommendations) is clinically warranted. Consequently, absent clinical documentation with objective functional improvement, legible progress notes indicating the degree of improvement and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy right shoulder #8 sessions is not medically necessary.