

Case Number:	CM15-0013519		
Date Assigned:	02/02/2015	Date of Injury:	04/23/2010
Decision Date:	04/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 April 23, 2010. The diagnoses have included left shoulder rotator cuff tear, cervical spine sprain/strain, and thoracic spine sprain/strain, supraspinatus, and infraspinatus tendon partial tear of the left shoulder, L1-2, L3-4 and L4-5 disc protrusions. Treatment has included topical applications, physical therapy, chiropractic therapy, left shoulder arthroscopy/debridement and rotator cuff repair, right and left carpal tunnel repair surgery, psychological counseling. Currently, the injured worker complains of right and left shoulder and neck pain. Pain is stated to interfere with activities of daily living. He is stated to be in permanent and stationary disability in the chest, right middle finger, head, neck, middle and low back and left shoulder. On January 14, 2015 Utilization Review non-certified a physical medicine procedure, six physical therapy visits to the left shoulder, noting the worker had completed 24 post-operative physical therapy visits with improvements. The worker should have an established home exercise program at this point and therefore the additional visits were not supported by the documentation. The MTUS, ACOEM Guidelines, (or ODG) was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of a physical medicine procedure, six physical therapy visits to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 68, 98-99, 112, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on April 23, 2010. The medical records provided indicate the diagnosis of left shoulder rotator cuff tear, cervical spine sprain/strain, and thoracic spine sprain/strain, supraspinatus, and infraspinatus tendon partial tear of the left shoulder, L1-2, L3-4 and L4-5 disc protrusions. Treatment has included pain medication to include topical applications, physical therapy, chiropractic therapy, left shoulder arthroscopy/debridement and rotator cuff repair, right and left carpal tunnel repair surgery, psychological counseling. The medical records provided for review do not indicate a medical necessity for 6 visits of physical therapy for the left shoulder. The history indicates he had surgery in 4/2014, and left shoulder arthroscopic surgery on 01/28/2014. The second surgery was followed by 24 sessions of physical therapy. Due to the chronicity of the problem and the long duration after the surgery, the Chronic pain guidelines apply. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.