

Case Number:	CM15-0133616		
Date Assigned:	07/21/2015	Date of Injury:	12/29/2010
Decision Date:	08/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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, Hawaii
 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:

This is a 61 year old male with a December 29, 2010 date of injury. A progress note dated June 12, 2015 documents subjective complaints (follow up for left shoulder surgery; continues to have limited range of motion and occasional sharp pain with certain movements), objective findings (decreased range of motion of the left shoulder with crepitus), and current diagnoses (osteoarthritis; rotator cuff sprain/strain). Treatments to date have included shoulder surgery, physical therapy, and medications. The treating physician documented a plan of care that included additional 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:

Physical therapy 3 times a week for 4 weeks to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Shoulder, Physical Therapy SLAP repair.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Physical therapy 3 times a week for 4 weeks to the left shoulder. The treating physician report dated 6/12/15(65B) states, "(The patient) was advised to continue with twelve additional sessions of physical therapy to increase strength and improve range of motion." The report goes on to state, "He continues to have limited range of motion and occasional sharp pain." A request for authorization dated 12/22/14 (71B) notes that 12 sessions of post-operative PT were requested. The MTUS post-surgical treatment guidelines do not address SLAP repair. The ODG guidelines support 24 visits over 14 weeks for labral repair/SLAP lesion. The patient is status post left shoulder arthroscopy and labral repair 2/20/15 (18B). In this case, the patient is still within the 6 month treatment period required by the MTUS post-surgical guidelines and has only received 12 sessions of physical therapy previously. The current request for an additional 12 sessions of PT is within the 24 visits supported by the ODG guidelines. Furthermore, the treating physician is requesting additional physical therapy as the patient still has a limited range of motion and believes that the additional sessions will increase his strength and range of motion. The current request is medically necessary.