

Case Number:	CM15-0135854		
Date Assigned:	07/23/2015	Date of Injury:	12/20/2013
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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

Certification(s)/Specialty: Emergency 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 a work related injury December 20, 2013. Past history included status post left rotator cuff repair December 9, 2014. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented with complaints of a sore and aching left shoulder. Examination of the left shoulder revealed; tenderness over the anterior glenohumeral joint extending to the anterior deltoid and trapezius region; limited range of motion to 90 degrees on abduction, 160 degrees of forward flexion and 5 degrees of internal rotation. Diagnoses are left shoulder strain; left shoulder supraspinatus tendon tear; left shoulder adhesive capsulitis. As of April 3, 2015, a physical therapist noted the injured worker had completed 36 sessions of physical therapy. Additional physical therapy was performed in May and June of 2015. At issue, is the request for authorization for physical therapy 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested Physical therapy 2x3, is not medically necessary. CA MTUS Post-Surgical Guidelines, Shoulder, Page 27, Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12) recommend: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. The injured worker is status post left rotator cuff repair December 9, 2014. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented with complaints of a sore and aching left shoulder. Examination of the left shoulder revealed; tenderness over the anterior glenohumeral joint extending to the anterior deltoid and trapezius region; limited range of motion to 90 degrees on abduction, 160 degrees of forward flexion and 5 degrees of internal rotation. The treating physician has not documented the medical necessity for additional therapy sessions beyond the guideline recommended maximum number of post-op therapy sessions, and why the completed sessions has not provided ample opportunity for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2x3 is not medically necessary.