

Case Number:	CM15-0138265		
Date Assigned:	07/28/2015	Date of Injury:	08/27/2014
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 32-year-old male who sustained an industrial injury on 8/27/14. The mechanism of injury was not documented. He underwent left shoulder arthroscopy with subacromial decompression, Mumford procedure and mini open long head biceps tenodesis on 1/14/15. He had been attending physical therapy and performing home exercise with slow progress. Records indicated that he had completed 24 post-operative physical therapy visits. The 5/26/15 treating physician report cited superior right shoulder pain and occasional sharp anterior shoulder pain, with numbness and tingling in the ring and middle fingers. He reported night pain and weakness. Left shoulder exam documented protracted scapular winging, tenderness over the anterolateral bursa and biceps, and shoulder range of motion limited by pain. Left shoulder range of motion was documented as flexion 130 degrees, abduction 150 degrees, external rotation 40 degrees and internal rotation to L5. O'Brien's, Speed's, Yergason's, and modified throwing O'Brien's tests were positive on the left. Hawkin's impingement test was positive on the left. The treatment plan indicated that the injured worker was doing slightly better and was advised to continue his formal physical therapy program. The physical therapy treatment goals included increase periscapular strengthening, postural exercises, biceps strengthening, and increase range of motion one time per week for 6 weeks. The injured worker was capable of returning to modified duty work. Authorization requested post-operative physical therapy for the left shoulder, 6 visits over 30 days. The 6/30/15 utilization review non-certified the request for additional post-op physical therapy for the left shoulder as there were no exceptional factors documented to warrant additional sessions as an exception to guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left shoulder, six visits over thirty days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary. Guideline criteria have not been met. This injured worker presents 4.5 months status post left shoulder arthroscopic surgery. He had completed the recommended general course of post-op physical therapy care, 24 visits. Current clinical exam documented residual mild to moderate limitations range of motion. There was no documentation of current strength grades. There is no compelling rationale presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.