MAXIMUS Federal Services

Case Number:	CM15-0139514		
Date Assigned:	07/29/2015	Date of Injury:	10/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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 44 year old female sustained an industrial injury to the right shoulder on 10/21/14. The injured worker underwent right shoulder superior labral repair with open laser jet bone grafting to the glenoid with open anterior capsular repair. The injured worker received postoperative physical therapy. Documentation did not disclose the number of postoperative physical therapy sessions. In a PR-2 dated 7/7/15, the injured worker stated that her symptoms had improved slightly. The injured worker rated her pain 2 out of 10 on the visual analog scale. The injured worker was working on range of motion and strength in physical therapy. The injured worker stated that she had some difficulty with certain movements and living heavy objects. Physical exam was remarkable for right shoulder with healed surgical incisions without signs of redness or drainage, negative impingement tests and intact motor and sensor function distally. Current diagnoses included status post arthroscopy of the right shoulder superior labral repair. The physician stated that the injured worker was doing great. The injured worker had made gains in motion, strength and pain improvement. The treatment plan included continuing physical therapy to continue to achieve further gains and improve ability to return to unrestricted work and recreation activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient continued physical therapy to the right shoulder, twice a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Outpatient continued physical therapy to the right shoulder, twice a week for six weeks. The treating physician report dated 7/7/15 (10B) states, "Continue physical therapy." The report goes on to state, "The patient has made gains in motion, strength, and pain improvement, as a direct result of a goal-directed rehabilitation program. Physical therapy is currently medically indicated in order to continue to achieve further gains and improve ability to return to unrestricted work and recreation activities." The MTUS-PSTG does not address labral repair. The ODG guidelines support up to 24 visits over 14 weeks. The patient is status post superior labral repair on 3/30/15 (13B). The sole progress report provided shows the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date, therefore it is unclear if the current request of 12 visits will exceed the recommendation of 24 visits as outlined by the ODG guidelines in the shoulder chapter. The patient is has made gains in the past and there are further gains are anticipated. The current request is medically necessary.