

Case Number:	CM15-0139840		
Date Assigned:	07/29/2015	Date of Injury:	06/26/2013
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 58 year old female, who sustained an industrial injury on 6-26-13 Initial complaint was of her left shoulder. The injured worker was diagnosed as having left rotator cuff tear. Treatment to date has included status post right shoulder arthroscopy and rotator cuff repair (10-24-13); physical therapy; medications. Diagnostics studies included MRI left shoulder (7-15-13). Currently, the PR-2 notes dated 4-29-15 indicated the injured worker complains of limited range of motion and intermittent 5 over 10 pain in the left shoulder with lifting above the shoulder level. She also complains of pain in her trapezius and neck worse with walking. She report this has been going on for two months and not sure of the cause. She is not working at this time as light duty is not accommodated. On physical examination the provider notes well-healed port scars. She is a status post right shoulder arthroscopy with rotator cuff repair on 10-24-13 and left rotator cuff repair on 4-17-14. Palpation of the left rotator cuff is tender with range of motion 140, flexion and 110; extension left side. Sensation is intact in the upper extremity. DTRs are intact in the upper extremity. He has diagnosed her with a left rotator cuff tear. A MRI of the left shoulder is dated 7-15-13 with an impression that reveals a high-grade partial width supraspinatus tender tear; septated cystic structure in the superior subcapsularis recess may represent a small amount of joint fluid however a paralabral cyst secondary to an underlying antero-superior labral tear cannot entirely be ruled out; a subacromial-subdeltoid bursitis with mild acromioclavicular joint arthritis. The treatment plan includes a refill of her medications and ex-rays and labs. The provider is requesting authorization of physical therapy for the left shoulder 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions for the Left Shoulder: Upheld

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

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

Decision rationale: The requested 6 Physical Therapy sessions for the Left Shoulder, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has limited range of motion and intermittent 5 over 10 pain in the left shoulder with lifting above the shoulder level. She also complains of pain in her trapezius and neck worse with walking. She report this has been going on for two months and not sure of the cause. She is not working at this time as light duty is not accommodated. On physical examination the provider notes well-healed port scars. She is a status post right shoulder arthroscopy with rotator cuff repair on 10-24-13 and left rotator cuff repair on 4-17-14. Palpation of the left rotator cuff is tender with range of motion 140, flexion and 110; extension left side. Sensation is intact in the upper extremity. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 6 Physical Therapy sessions for the Left Shoulder is not medically necessary.