

Case Number:	CM15-0146417		
Date Assigned:	08/07/2015	Date of Injury:	07/24/2014
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 48 year old female with a July 24, 2014 date of injury. A progress note dated July 1, 2015 documents subjective complaints (improved shoulder pain; persistent pain and numbness of the left hand; pain with activities and rest), objective findings (healed left shoulder wound; full range of motion of the neck; decreased strength of the left shoulder; left wrist tenderness along the Dupuytren's contractures; decreased sensation of the medial nerve; mildly positive Phalen's test), and current diagnoses (left labral tear; left impingement syndrome; left mild carpal tunnel syndrome). Treatments to date have included shoulder surgery on March 6, 2015, physical therapy, and home exercise. The treating physician documented a plan of care that included an additional twelve sessions of postoperative 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:

Additional post-op physical therapy, left shoulder x 12: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Physical therapy.

Decision rationale: The patient presents on 07/01/15 with persistent unrated pain and numbness in the left hand. The patient's date of injury is 07/24/14. Patient is status post arthroscopic debridement, synovectomy, subacromial decompression, and labral reconstruction on 03/06/15. The request is for ADDITIONAL POST-OP PHYSICAL THERAPY LEFT SHOULDER X 12. The RFA was not provided. Physical examination dated 07/01/15 reveals well healed surgical incisions on the left shoulder, tenderness along Dupuytren's contractures on the left upper extremity, and decreased sensation along the median nerve distribution of the left upper extremity. The patient's current medication regimen is not provided. Electrodiagnostic study of the upper extremities dated 09/24/15 reveals: "electrodiagnostic evidence of left upper extremity ulnar or radial sensory or motor neuropathy." Patient is currently working with modified duties. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG Shoulder chapter, under Physical therapy has the following: "Post-surgical treatment, open: 30 visits over 18 weeks." In regard to the request for 12 post-operative physical therapy sessions for this patient's shoulder complaint, the treater has exceeded guideline recommendations. As of the date of the most recent progress note, this patient has completed 33 sessions of post-operative physical therapy and is 16 weeks pos-op, chronic pain guidelines apply. MTUS guidelines support 8-10 visits for complaints of this nature in the post-acute phase, the provider has requested 12. This amount exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.