

Case Number:	CM15-0148745		
Date Assigned:	08/12/2015	Date of Injury:	07/08/2013
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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:

The injured worker (IW) is a 59-year-old male who sustained an industrial injury 07-08-2013. Diagnoses include left shoulder supraspinatus and infraspinatus rotator cuff tears and left shoulder impingement syndrome. Treatment to date has included medications, physical therapy and left shoulder surgery. According to the progress notes dated 6-24-2015, the IW reported left shoulder pain, slight stiffness, muscle weakness and reduced range of motion. He also reported home exercise program alone was not as effective as desired or hoped. On examination, ranges of motion of the right and left shoulders were (in degrees): flexion 180 and 145, extension 70 and 60, abduction 170 and 150, adduction 50 and 45, external rotation 90 and 65 and internal rotation 80 and 90. Muscle strength was 4.5 over 5 on the left. A request was made for aggressive physical rehabilitation program three times a week for six weeks for the (left) shoulder to improve the shoulder range of motion and strengthening versus manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aggressive physical rehabilitation program 3 times a week for 6 weeks for the shoulder:
Upheld

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

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

Decision rationale: The patient presents on 06/24/15 with unrated left shoulder pain, stiffness, and reduced range of motion. The patient's date of injury is 07/08/13. Patient is status post left arthroscopic subacromial space decompression and debridement with acromioplasty on 09/18/13. The request is for AGGRESSIVE PHYSICAL REHABILITATION PROGRAM 3 TIMES A WEEK FOR 6 WEEKS FOR THE SHOULDER. The RFA is dated 06/20/15. Physical examination dated 06/24/15 reveals reduced range of motion of the left shoulder in all planes and reduced strength in the joint. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the left shoulder dated 08/06/13, significant findings include: "mild glenohumeral joint arthritis... complete full thickness tear of the infraspinatus tendon, partial thickness tear and tendinosis subscapular tendon... tear of the rotator interval ligaments especially involving the coracohumeral ligament... moderate to large size joint effusion." Patient's current work status is not provided. 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." In regard to the request for 18 physical therapy sessions for this patient's shoulder complaint, the treater has exceeded guideline recommendations. There is no evidence that this patient has undergone any recent supervised physical therapy directed at his shoulder. MTUS guidelines support 8-10 visits for complaints of this nature in the post-acute phase, the provider has requested 18. This amount exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.