MAXIMUS Federal Services

Case Number:	CM15-0161798		
Date Assigned:	08/27/2015	Date of Injury:	08/10/2013
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained an industrial injury on 8-10-2013. He reported a fall through rafters in an attic. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region and pain in joint, lower leg. Treatment to date has included diagnostics, left shoulder surgery on 12-22-2013 and 1-05-2015, physical therapy, and medications. As of 6-10-2015, the injured worker attended 34 post-operative physical therapy visits from evaluation on 1-26-2015. On 6-11-2015, it was documented (visit 36) that he met all long term goals and was able to manage his symptoms with his home exercise program and no longer had any restrictions. He was documented as appropriate for discharge from physical therapy at that time. Currently (7-23-2015), the injured worker complains of pain to his left bicep, rated 4 out of 10. Exam noted anterior tenderness to the left shoulder and instability. X-rays showed no increase in osteoarthrosis. He received a cortisone injection to the left shoulder. The treatment plan included additional physical therapy for the left shoulder, 2x6, in order to address his residual and be shown a proper home exercise program. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: The claimant sustained a work-related injury in August 2013 and underwent left shoulder arthroscopic surgery with a labral repair in December 2013 and arthroscopic surgery for a left biceps tendon tear in January 2015. As of 06/03/15 he had completed 34 post- operative treatments since the surgery in January. When seen, he had biceps pain rated at 4/10. There was anterior shoulder tenderness with instability. An ultrasound guided injection was performed. An additional 12 physical therapy treatments were requested. After treatment for a more severe injury, a biceps rupture, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post- operative physical therapy well in excess of what would be recommended for that condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.