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| Case Number: | CM15-0163598 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 02/26/2015 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: 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 22 year old male who sustained an industrial injury on 2-26-15. His injury consisted of a separated-dislocated right shoulder, following a fall while at work. He was taken to the emergency department and the shoulder was reset within a few hours. The 3-5-15 orthopedic progress note indicates that, since the injury occurred, the injured worker had not followed up with any provider until that visit. His chief complaint was of right shoulder pain. X-rays of the right shoulder were taken. The impression was right shoulder pain, status-post industrial fall, and rotator cuff tear. The treatment recommendation was for an external rotation sling and an MRI of the right shoulder. He was advised to use over-the-counter anti-inflammatory medications as needed. On 6-4-15, he presented with continued right shoulder pain and instability. He reported continued "clicking and popping" in the right shoulder. The MRI was completed, showing "a non-displaced anterior inferior labral tear, as well as impaction contusional injuries involving the posterior aspect of the humeral head with edema consistent with recent Hill-Sachs lesion which appears to be shallow". His diagnoses included right shoulder pain, status post fall - industrial, and first time anterior shoulder dislocation with non-displaced anterior inferior labral tearing. He was noted to have limited range of motion, weakness and pain. The treatment recommendation was for a course of physical therapy to work on full restoration of range of motion, avoiding positions of extreme abduction and external rotation, as well as a rotator cuff and scapular stabilization program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 8 weeks for 16 visits to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 with dislocation to the right shoulder. He was treated with a sling after the shoulder was reduced in an emergency room. An MRI of the right shoulder in April 2015 included findings of a labral tear with Hill-Sachs deformity. Case notes reference completion of 12 physical therapy treatments, although therapy notes were not included in the documentation submitted. When seen by the requesting provider, he was having ongoing clicking and popping. Physical examination findings included shoulder tenderness with decreased range of motion with anterior instability and positive apprehension testing. There was decreased shoulder strength. He was referred for physical therapy and arthroscopic surgery was being considered depending on his response to treatments. In terms of physical therapy after a shoulder dislocation, guidelines recommend up to 12 treatment sessions over 12 weeks. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.