

Case Number:	CM15-0164944		
Date Assigned:	09/02/2015	Date of Injury:	12/20/2012
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 24 year old man sustained an industrial injury on 12-2012. The mechanism of injury is not detailed. Diagnoses include left shoulder impingement syndrome, status post left shoulder surgery, and left knee sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 from the orthopedic surgeon dated 5-11-2015 show complaints of left shoulder pain. Recommendations include start post-operative physical therapy as the sutures have been removed.

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 knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), physical therapy, Superior glenoid labrum lesion (2) Chronic pain, Physical medicine treatment. (3) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in February 2012 and is being treated for chronic left shoulder and knee pain. She underwent revision left shoulder arthroscopic surgery on 05/05/15 with a labral debridement, lysis of adhesions, and manipulation under anesthesia. When seen, he was having shoulder pain. There was tenderness. The sutures were removed and post-operative physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is consistent with accepted guidelines. However, being requested is physical therapy for the left knee. There is no new injury affecting the left knee. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. 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 that was submitted is not medically necessary.