

Case Number:	CM15-0168592		
Date Assigned:	09/09/2015	Date of Injury:	12/23/2014
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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 60-year-old female, who sustained an industrial injury on December 23, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having closed fracture of proximal end of humerus. Treatment to date has included diagnostic studies, surgery, occupational therapy, exercises, physical therapy and medication. She noted that she feels a lot better since she started going to physical therapy. She reported making small progress with active and passive range of motion and she is gaining some strength. On July 1, 2015, the injured worker reported her pain as a 0 on a 0-10 pain scale at rest and a 4 on the pain scale with movement. Notes stated she was six months post left reverse total shoulder arthroplasty and continues to make slow progression towards recovery. Left shoulder range of motion included active forward elevation to 75 degrees, passively to 140 degrees, external rotation to 25 degrees and internal rotation to the hip. The treatment plan included physical therapy, home exercises and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (left shoulder) (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work injury in December 2014 with a left proximal humeral fracture requiring a reverse shoulder arthroplasty, which was done in January 2015. When seen, she was seven months status post surgery. There had been considerable improvement in active range of motion with decreased pain. Physical examination findings included a BMI of over 37. There was decreased shoulder range of motion and slightly decreased rotator cuff strength. Additional postoperative physical therapy was requested with therapeutic content to include use of TheraBands and wall exercises. She was released to restricted work. Recommendations also included focusing on home-based therapy. As of 07/20/15, she had completed 18 postoperative treatments. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. 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 and could include use of TheraBands and a home pulley system for strengthening and range of motion. 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.