

Case Number:	CM15-0169838		
Date Assigned:	09/10/2015	Date of Injury:	04/01/2014
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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 61 year old male sustained an industrial injury to the shoulder on 4-1-14. The injured worker underwent left shoulder acromion debridement and distal clavicle resection on 4-24-15. The injured worker received postoperative physical therapy. Documentation did not disclose the number of postoperative physical therapy sessions. In the only documentation submitted for review, a PR-2 dated 6-5-15, the injured worker complained of left shoulder pain rated 6 out of 10 on the visual analog scale. The pain was described as aching, intermittent, non-radiating and improving. The pain was aggravated by pushing, pulling, stretching and reaching overhead. Physical exam was remarkable for left shoulder with painful and limited range of motion, flexion at 140 degrees, abduction at 125 degrees, 5 out of 5 muscle strength and normal sensation throughout bilateral limbs. Current diagnoses included left long head of biceps tendon tear status post-arthroscopy and osteoarthritis of left acromioclavicular joint status post acromion debridement and distal clavicle resection. The treatment plan included continuing physical therapy. On 8-18-15, Utilization Review noncertified a request for continuing physical therapy twice a week for three weeks for the left shoulder noting that the injured worker had completed 24 visits of physical therapy following left shoulder acromion debridement and distal clavicle resection (4-24-15) and should have transitioned to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy two (2) times a week for three (3) weeks for the Left Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009,
Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in April 2014 and underwent an arthroscopic acromion debridement with distal clavicle resection and biceps tendon repair on 04/25/14. Case notes reference completion of 24 physical therapy treatments. When seen, there was decreased and painful left shoulder range of motion with normal strength. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 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 a home pulley system for 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.