

Case Number:	CM15-0182238		
Date Assigned:	09/23/2015	Date of Injury:	10/27/2014
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 38 year old male who sustained an industrial injury on October 27, 2014. He reported injury to his left shoulder. Treatment to date has included diagnostic studies, acupuncture, medication, massage, and physical therapy. On July 8, 2015, the injured worker was seven months status post left shoulder scope debridement and stabilization. He was reported to be doing well and back to work full time. The injured worker complained of residual soreness. Notes stated that he was participating in physical therapy. Overall, he was noted to feel 75% improved. The treatment plan included Celebrex medication, continuation with physical therapy, and a follow-up visit. On September 4, 2015, Utilization Review denied a request for physical therapy for the left shoulder quantity of twelve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder x12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: According to the CA MTUS guideline cited, physical medicine for postsurgical treatment (Bankart) is 24 visits over 14 weeks within the 6-month treatment period. Furthermore, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, it is clear from the medical records that he has had previous extensive physical therapy (24 visits approved) following his surgery, and therefore, he should be able to execute a home exercise program. Thus, the request for follow up physical therapy for the left shoulder x12 is not medically necessary and appropriate.