MAXIMUS Federal Services

Case Number:	CM15-0183893		
Date Assigned:	09/24/2015	Date of Injury:	07/16/2013
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
Certification(s)/Specialty: 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 48 year old male, who sustained an industrial injury on 07-16-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lateral epicondylitis of the right elbow, partial thickness articular-sided supraspinatus tear of the left shoulder, glenoid chondromalacia of the left shoulder, and inferior labral fraying of the left shoulder. Medical records (02-02-2015 to 07-29-2015) indicate ongoing (reported worsening) left shoulder and right elbow pain. Pain levels were not mentioned. Activity levels and level of functioning were not addressed. Per the treating physician's progress report (PR), it was indicated that the IW was able to return to work with restrictions; however, it was not reported whether the injured worker was working or not. The physical exam, dated 07-29-2015, revealed mildly limited range of motion (ROM) in the cervical spine, limited ROM in the left shoulder with elevation 170 °, internal rotation to T8 and external rotation 70 °, tenderness to the paracervical, trapezius and deltoid muscles, tenderness to palpation of the medial border of the scapula, tenderness to palpation of the trapezius on the left, mildly tender bicipital groove, and positive Speed's test. All other findings in regards to the left shoulder were reported to be normal. The previous exam, dated 06-10-2015, reported "good active ROM is demonstrated" in the left shoulder. Relevant treatments have included left shoulder arthroscopic surgery with debridement of partial-thickness articular-sided supraspinatus tear and glenoid chondromalacia and inferior labral fraying (09-2014), physical therapy (PT), right elbow surgery (06-2015), cortisone injections to the left shoulder, acupuncture (no benefit), work restrictions, and pain medications.

The treating physician indicates that MRI of the left shoulder (01-2015) showing thickening and edema at the origin of the common extensor. The progress report, dated 07-29-2015, shows that the following therapy was requested: 12 sessions of physical therapy (PT) for the left shoulder and 6 sessions of chiropractic manipulation for the left shoulder. The original utilization review (08-31-2015) reported and non-certified the request for 6 sessions of PT for the left shoulder based on lack of rationale as to why the IW requires additional supervised rehabilitation rather than independent rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 treatments for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: In this case, the claimant has had shoulder surgery nearly a year ago and has undergone numerous amounts of therapy sessions. The guidelines allow for a fading frequency of visits with additional therapy to be performed at home. Up to 24 sessions over the 1st 4 months may be provided after surgery. There was no indication that the claimant cannot perform exercises at home. The amount of sessions exceeds the amount and time frame for which it can be provided. The request for additional therapy is not medically necessary.