

Case Number:	CM15-0184516		
Date Assigned:	09/25/2015	Date of Injury:	02/14/2011
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/19/2015

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 45-year-old male, who sustained an industrial-work injury on 2-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement, left shoulder rotator cuff tendinosis, left biceps tendonitis, and failed open reduction internal fixation (ORIF). Medical records dated (6-25-15 to 8-17-15) indicate that the injured worker is status post left shoulder surgery with no significant improvement. He reports that his condition has improved slightly with physical therapy with the pain slightly decreased and the range of motion increased. He also reports a slight pinching feeling that goes up his left trapezius and into the neck. He also has occasional tingling and tightness along the left trapezius and up the neck. The pain is rated 6 out of 7 on the pain scale which has been unchanged. Per the treating physician report dated 8-17-15 work status is advance to light duty with restrictions. The physical exam dated 8-17-15 reveals that the left shoulder exam shows tenderness to palpation, decreased range of motion, and Hawkin's impingement sign is positive. The rotator cuff strength in the supraspinatus is 4+ out of 5. The physician discontinued Tramadol and Norco and Baclofen were prescribed. Treatment to date has included pain medication including Tramadol with no relief, left shoulder arthroscopy 12-4-14, left shoulder arthroscopy and hardware removal on 4-30-15, sling, physical therapy (unknown amount), cortisone injection and other modalities. The X-Ray of the left shoulder dated 1-5-15 reveals post- surgical changes without evidence of complications and likely prior biceps tendonitis. The requested service included Physical therapy 2 times a week for 6 weeks for the left shoulder. The original Utilization review dated 8-28-15 non-certified the request.

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 shoulder: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2011 and underwent a left shoulder arthroscopic subacromial decompression with biceps tenotomy and ORIF of the acromion in December 2014 with revision surgery with debridement and removal of hardware on 04/30/15. As of 08/31/15, there had been completion of 12 postoperative treatment sessions since an evaluation on 06/24/15. When seen, there had been slight improvement with physical therapy. He had decreased range of motion and slightly decreased pain. Physical examination findings included a body mass index over 39. There was decreased shoulder range of motion with positive impingement testing and decreased rotator cuff strength. There was acromioclavicular joint, subacromial bursa, and levator scapular tenderness. A subacromial injection was performed. 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. Guidelines recommend an initial course of therapy of one half of this number of visits and with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant had only slight improvement with the physical therapy provided. After a shoulder injection, guidelines recommend up to 1-2 therapy treatment sessions over one week. The number of visits requested is in excess of that recommended or what would be expected to be needed to finalize a home exercise program. The request is not considered medically necessary.