

Case Number:	CM15-0184848		
Date Assigned:	09/25/2015	Date of Injury:	04/29/2014
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 48 year old male who sustained an industrial injury on 04-29-2014. Current diagnosis includes left shoulder impingement syndrome. Report dated 08-20-2015 noted that the injured worker presented for a 3-month surgical follow up, with complaints of pain with reaching overhead. Pain level was not included. Physical examination performed on 08-20-2015 revealed decreased left shoulder range of motion, improving strength in rotation and abduction, no instability, and neurovascular exam is normal. Previous treatments included medications, surgical intervention, and physical therapy. The treatment plan included a request for additional physical therapy with emphasis on range of motion and strengthening exercises. The injured worker is temporarily partially disabled, with anticipation to return back to full duty in 2 months. Surgery performed included arthroscopic rotator cuff repair of the left shoulder with subacromial decompression and extensive debridement of the glenohumeral joint including the superior labral degenerative tearing, reactive synovitis within the glenohumeral joint, and mild fraying involving subscapularis tendon of the left shoulder on 05-19-2015. Physical therapy progress note dated 04-13-2015 was submitted for review, and supports that the injured worker has completed at least 19 sessions of therapy, for the left shoulder prior to the surgical intervention performed on 05-19-2015. There were no post operative physical therapy progress reports submitted for review. Request for authorization dated 08-27-2015, included requests for physical therapy 2 x 4. The utilization review dated 09-03-2015, modified the request for physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT for Left Shoulder Qty 8: 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 April 2014 and is being treated for left shoulder pain. He underwent a subacromial decompression in September 2014 and had revision surgery on 05/19/15 with a rotator cuff repair and decompression and labral debridement. In June 2015, physical therapy had been with 12 treatments requested after the surgery performed in May 2015. Another 12 treatments were requested. When seen in August 2015, he was improving. He had pain with overhead activities. Physical examination findings included nearly normal shoulder range of motion with 165 degrees of flexion and abduction with improving strength. An additional course of physical therapy with 8 treatments is now being 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 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. The request is not medically necessary.