MAXIMUS Federal Services

Case Number:	CM15-0186210		
Date Assigned:	09/28/2015	Date of Injury:	10/07/2008
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 10-07-2008. The injured worker is being treated for left shoulder status post three surgeries, rotator cuff tendinosis, impingement, degenerative joint disease of the shoulder and acromioclavicular joint arthrosis. Treatment to date has included surgical intervention of the left shoulder (open rotator cuff repair, 2009 and arthroscopy and debridement, 2011), medications and physical therapy. Per the Orthopedic Progress Report dated 5-18-2015 the injured worker reported left shoulder pain has worsened. He continues to have anterior and posterior shoulder pain rated as 7 out of 10. Objective findings included active and passive range of motion: forward flexion 160, extension 30, abduction 130 and internal rotation L5. Neer's and Hawkin's impingement signs were positive. He is currently working full duty. The plan of care included surgical intervention (left shoulder replacement) and medications. This is the only medical record submitted for review. Authorization was requested for 12 sessions (2x6) of physical therapy for the left shoulder. On 9-09-2015, Utilization Review non-certified the request for 12 sessions (2x6) of 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:

Physical therapy for left shoulder 2 x 6: Upheld

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

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Physical therapy for the left shoulder 2 x 6. The sole treating physician report provided dated 5/18/15 (7B) states, "Patient is s/p three left shoulder surgeries: open Bankart repair in 2002, open rotator cuff repair on 3/30/2009, and arthroscopy, debridement, labral repair on 8/4/11." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The UR report provided (8A) show the patient has received at least 9 sessions of prior physical therapy for the left shoulder. The patient is status post 3 left shoulder surgeries, the most recent occurring on 8/4/11 and is no longer within the post-surgical treatment period established by the MTUS-PSTG. In this case, the patient has received at least 9 visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.