

Case Number:	CM15-0188547		
Date Assigned:	09/30/2015	Date of Injury:	07/17/2013
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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 59 year old male, who sustained an industrial injury on 7-17-13. The injured worker was diagnosed as having rotator cuff tear; shoulder osteoarthritis; rotator cuff strain; long head biceps tendonitis. Treatment to date has included status post left shoulder arthroscopy, subacromial decompression, distal clavicle excision, arthroscopic rotator cuff repair (5-14-15) physical therapy; medications. Currently, the PR-2 notes dated 8-12-15 indicated the injured worker was in the office for a post-operative visit. The injured worker is a status post left shoulder arthroscopy, subacromial decompression, distal clavicle excision, arthroscopic rotator cuff repair of 5-14-15. The provider documents "The patient feels better. The patient's post-operative pain is minimal. Occasional Advil for pain. Weight bearing status has been full weight bearing. Noted some pain in left shoulder while running on treadmill. Sometimes a sharp pain anterior lateral left shoulder. Has some difficulty sleeping. Remains in physical therapy. Patient currently not working." The provider lists medications as: Norco 5-325mg 1-2 every 4-6 hours; Tylenol#3 1 tab every 6 hours PRN; Naprosyn 500mg 1 tablet 2 times daily. On physical examination the provider documents "The wound is healed. The site has no swelling. The anterior lateral left shoulder has mild tenderness. Mild positive impingement signs. No crepitation." A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-18-15 and modified the certification for Physical therapy 3 times a week for 3 weeks (9 visits) for the left shoulder to authorization of physical therapy 2x2 left shoulder (4 visits only). A request for authorization has been received for Physical therapy 3 times a week for 3 weeks 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 3 times a week for 3 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder Procedure Summary.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Physical therapy 3 times a week for 3 weeks for the left shoulder. The physical therapy report dated 8/11/15 (2B) notes that the patient has received at least 18 visits of physical therapy for the left shoulder. The MTUS-PSTG supports post-operative physical medicine (physical therapy and occupational therapy) 24 sessions for arthroscopic rotator cuff repair. The medical reports provided show the patient has received at least 18 visits of post-operative physical therapy for the left shoulder previously. The patient is status post left shoulder arthroscopic rotator cuff repair on 5/14/15. In this case, the patient has received at least 18 sessions of post-operative physical therapy to date and therefore the current request of an additional 9 visits exceeds the 24 visits recommended by the MTUS-PSTG. 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.