

Case Number:	CM15-0188940		
Date Assigned:	09/30/2015	Date of Injury:	05/04/2012
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male who sustained an industrial injury on 5-4-12. A review of the medical records indicates that the injured worker is undergoing treatments for post-op left shoulder debridement and chest wall strain resolved. Provider documentation dated 9-2-15 noted the work status as modified duties. Treatment has included status post left shoulder arthroscopy debridement and distal clavicle excision, home exercise program and Ibuprofen since at least July of 2015. Provider documentation dated 9-2-15 noted the "He has not had the PT that we recommended to complete his post-op rehab." Objective findings dated 9-2-15 were notable for healed left shoulder surgical scars, cervical non-tender, mild left trapezius, and good active range of motion. The original utilization review (9-14-15) partially approved a request for supervised physical therapy for the left shoulder quantity of 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised physical therapy for the left shoulder Qty 8: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009.

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

Decision rationale: The injured worker sustained a work related injury on 5-4-12. The medical records provided indicate the diagnosis of post-op left shoulder debridement and chest wall strain resolved. Treatments have included left shoulder arthroscopy debridement and distal clavicle excision, home exercise program and Ibuprofen since at least July of 2015. The medical records provided for review do indicate a medical necessity for Supervised physical therapy for the left shoulder Qty 8. The medical records indicate the injured worker continued to experience left shoulder pain 5 and half months after an extensive left shoulder arthroscopic debridement; followed by 13 physical therapy visits (8th of eight physical therapy visits by 05/15/15, and the 4th of eight visits by 07/7/15). The revealed improved, but not full range of motion of the left shoulder. Consequently to further treat the worker, a request was made for 8 additional physical therapy sessions within the post-surgical medicine period; however, the request was approved, but with a modification to six visits rather than the requested 8 visits. The MTUS guidelines recommends: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months. The MTUS states that ' Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe post surgical treatment under this guideline.' Therefore, the requested treatment is medically necessary considering the total treatment will not exceed the recommended 24 visits maximum, at that time, the treatment and treatment duration were within the guidelines recommendation; there was documented evidence of improvement.