

Case Number:	CM15-0192257		
Date Assigned:	10/06/2015	Date of Injury:	02/28/2013
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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

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:

This is a 47 year old male with a date of injury on 2-28-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, left hip and left shoulder. Progress report dated 8-28-15 reports follow up post op left shoulder surgery. He has completed 3 sessions out of 6 of physical therapy so far. He reports an increase in functional status and he is doing his home exercises. He has complaints of bilateral shoulder pain rated 4 out of 10 with medication and 8 out of 10 without medications. He also has complaints of left sided neck pain that radiates down the left arm rated 4 out of 10 with medication and 7 out of 10 without medications. He has complaints of lower back pain rated 6 out of 10 with medication with medication and 9 out of 10 without medications. Objective findings: left shoulder with well-healed incision, tender to palpation over the left trapezius and left anterior aspect of the left shoulder with decreased range of motion. Treatments include: medication, physical therapy, TENS, left shoulder arthroscopy and open rotator cuff repair. Request for authorization dated 9-11-15 was made for additional post-op physical therapy left shoulder 8 sessions. Utilization review dated 9-22-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy Left Shoulder (Sessions) QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy.

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

Decision rationale: Review indicates the patient is s/p left shoulder arthroscopy with SAD, bursectomy, and partial anterior acromionectomy on 3/20/15 with at least 35 PT visits authorized to date. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6-month rehab period. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Additional Post-Operative Physical Therapy Left Shoulder (Sessions) QTY: 8 is not medically necessary and appropriate.