

Case Number:	CM15-0195634		
Date Assigned:	10/09/2015	Date of Injury:	11/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 11-26-2014. He has reported subsequent left shoulder pain and was diagnosed with type II SLAP lesion of the left shoulder, anterior-inferior labral fraying of the left shoulder, partial-thickness articular sided subscapularis tearing of the left shoulder and acromioclavicular arthritis of the left shoulder. Treatment to date has included pain medication, surgery, physical therapy and a home exercise program. Documentation shows that a total of 24 physical therapy sessions of the left shoulder were received to date. In a progress note dated 08-07-2015, the injured worker was noted to be three months out from left shoulder arthroscopy with debridement and was reporting some increased left shoulder discomfort. The injured worker was noted to be undergoing physical therapy and was frustrated with the ongoing symptoms. Objective findings of the left shoulder showed some mild tenderness to palpation in the region of the greater tuberosity, decreased range of motion, and mildly positive Neer's, Hawkin's, Speed's and Yergason's tests. In a progress note dated 08-28-2015, the injured worker reported decreased left shoulder pain. Objective examination findings showed increased active range of motion of the left shoulder. There was no documentation of specific objective functional improvements seen with therapy. Work status was documented as modified. A request for authorization of physical therapy 3x2 additional visits was submitted. As per the 09-11-2015 utilization review, the request for physical therapy was modified to certification of 3 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x2 additional visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, 2015 Chapter: Shoulder (Acute & Chronic).

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines (2009) states that following a shoulder rotator cuff repair, up to 24 supervised physical therapy sessions over a 14-week period is reasonable and recommended. However, before completion of supervised therapy, a move to home exercises, unsupervised should be the goal. In the case of this worker, on 5/7/15, he underwent surgical repair of his left shoulder labral tear followed by 24 supervised physical therapy sessions for the left shoulder, according to the notes made available for review. Although these sessions were helpful, a request for additional sessions beyond the 24 recommended sessions could not be justified. At this point, this worker should be capable of continuing therapy at home unsupervised, and since there was no indication that this worker was unable to perform home exercises, this request is not medically necessary at this time.