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| Case Number: | CM15-0196215 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 05/22/2013 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: Massachusetts

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

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 49 year old male, who sustained an industrial injury on 5-22-2013. The injured worker was being treated for rotator cuff rupture, shoulder pain, and superior labral tear from anterior to posterior lesion shoulder. Medical records (9-4-2015) indicate improved left shoulder pain following arthroscopy with rotator cuff repair, superior labral tear from anterior to posterior repair, and open biceps tenodesis on 4-30-2015. However, the injured worker reported left shoulder stiffness, inability to reach overhead, and pain radiating to the scapula. The treating physician noted the injured worker was slowly progressing in physical therapy. The physical exam (9-4-2015) revealed tenderness of the anterior aspect of the left shoulder and left forward flexion of 90 degrees and abduction of 70 degrees. There was limited internal and external rotation. Treatment has included at least 15 sessions of postoperative physical therapy, a sling with abduction pillow, off work, and medications including pain and non-steroidal anti-inflammatory. The treatment plan included an additional 8 sessions of physical therapy for the left shoulder due to the injured worker "appears to be developing postoperative adhesive capsulitis" per the treating physician. On 9-15-2015, the original utilization review non-certified a request for 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in May 2013 when he fell on his left shoulder and underwent an arthroscopic left rotator cuff repair with subacromial decompression and labral repair in November 2013. He had adhesive capsulitis after surgery. An MRI of the left shoulder in April 2014 showed findings of a probable full thickness supraspinatus tear. He underwent an arthroscopic repair of a near full thickness tear on 04/30/15. As of 09/03/15 he had attended 30 postoperative physical therapy treatments. His progress remained slow. He had a low tolerance to treatment and was limited by pain. He was compliant with a home exercise program. When seen, his postoperative pain had not resolved. He had shoulder stiffness and was unable to reach overhead. He was having pain radiating to the scapula. Physical examination findings included appearing uncomfortable. There was decreased shoulder range of motion with forward flexion limited to 90 and abduction to 70. Medications were refilled and authorization for an additional eight physical therapy treatments was requested. After surgery for an incomplete rotator cuff tear, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. A daily home exercise program would best meet the claimant's needs. Providing the number of requested additional skilled physical therapy services could promote dependence on therapy provided treatments. The request is not medically necessary.