

Case Number:	CM15-0198208		
Date Assigned:	10/13/2015	Date of Injury:	07/01/2014
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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 49 year old male who sustained an industrial injury on 07-01-2014. Medical records indicated the worker was status post right shoulder arthroscopy, subacromial decompression, and debridement (02-18-2015) plus at least 24 physical therapy visits post operatively. In the provider notes of 08-18-2015, the injured worker complains of some cracking and popping in the shoulder and pain around the shoulder blade. He is 6 month situation post rotator cuff repair, his pain is controlled, and he is doing home physical therapy for the shoulder. He has right knee pain that is unchanged with exercise, and moderately improved with physical therapy. Objectively the worker has intake sensation to light touch, no warmth or erythema, no lymphedema, no skin lesions and a palpable distal pulse. He has diffuse ecchymosis but the wound is healed. His shoulder motion is 165-6-T10. He has tenderness at the medial border scapula. His knee had good range of motion, mild crepitus, sensation intact to light touch, no warmth erythema lymphedema or skin lesions, a palpable pules and the knee is neurovascularly intact. The treatment plan is to request continued physical therapy to the right shoulder to continue strengthening and scapular stabilization, and request authorization for physical therapy to the right knee. The worker is off work for an additional 4 weeks with a plan to return to work unrestricted after that. A request for authorization was submitted for Eight (8) additional physical therapy visits 2 times a week for 4 weeks for the right shoulder. A utilization review decision 10-01-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional physical therapy visits 2 times a week for 4 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with some cracking and popping in the shoulder and pain around the shoulder blade. The current request is for eight additional Physical Therapy visits 2 x 4 for the right shoulder. The treating physician states, in a report dated 09/17/15, "Request continued PT right shoulder (2x4)" continue strengthening and scapular stabilization, work on ROM." (88B) the patient is status post right shoulder rotator cuff tear, however the surgery was performed on 02/18/15, beyond the six month window for utilization of PSTG. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and joint pain. In this case, the treating physician states in a report dated 09/17/15, "Doing PT for shoulder continued soreness, but improved with PT." (87B) and in a report dated 08/18/15, "Gets some cracking and popping in the shoulder, pain around the shoulder blade" (80B), The patient has completed 32 post-op PT sessions and therefore should now be able to perform a home exercise program. There is no medical documentation to support additional physical therapy beyond the visits that were already provided. The current request is not medically necessary.