

Case Number:	CM15-0198624		
Date Assigned:	10/14/2015	Date of Injury:	09/19/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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 36 year old male, who sustained an industrial injury on 9-19-2013. The medical records indicate that the injured worker is undergoing treatment for left shoulder joint instability; status post left shoulder arthroscopic SLAP repair (6-24-2015). According to the progress report dated 9-15-2015, the injured worker presented with complaints of left shoulder pain. He describes the pain as sharp, dull, throbbing, stabbing, and burning. On a subjective pain scale, he rates his pain 4 out of 10. The physical examination of the left shoulder reveals limited range of motion, decreased muscle scaption strength (4 out of 5), and positive apprehension test. The current medications are not specified. Previous diagnostic studies include MR arthrogram of the left shoulder. Treatments to date include medication management, post-op physical therapy (10 documented sessions), and surgical intervention. Work status is described as off work. The original utilization review (9-23-2015) had non-certified a request for 18 additional physical therapy sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in September 2013 when, while climbing down a ladder, he slipped and caught himself with his left arm resulting in a shoulder dislocation. He underwent arthroscopic left shoulder surgery with labral repair on 06/24/15. As of 08/06/15 he had completed 10 postoperative physical therapy treatments including a home exercise program which was being well tolerated. When seen, he had a return of left shoulder pain which was rated at 4/10. Physical examination findings included a body mass index over 32. There was decreased left shoulder range of motion and strength with positive Apprehension/Relocation testing. Impingement testing was negative. Authorization for an additional 18 physical therapy treatment sessions was requested. After the surgery performed, 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 a partial course of 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 finalize the claimant's home exercise program. The request is not medically necessary.