

Case Number:	CM15-0198630		
Date Assigned:	10/14/2015	Date of Injury:	03/20/2015
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
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: 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 3-20-15. The injured worker is being treated for left shoulder rotator cuff tear. Treatment to date has included left shoulder arthroscopy with rotator cuff repair, oral medications including Percocet, Roxicodone, Oxycontin and Tylenol; left arm sling, massage therapy and activity modifications. On 7-16-15, the injured worker reports improving left shoulder pain, however it still gives him discomfort at night; he is currently using only Tylenol as he ran out of other medications. Physical exam performed on 7-16-15 revealed closed and healing shoulder incisions, minimal swelling with no ecchymosis and on 7-21-15 revealed no evidence of adhesive capsulitis. The treatment plan on 7-21-15 included request for Flexeril and physical therapy. On 9-22-15 request for 23 physical therapy visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 23 visits for left shoulder: 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: Based on the 9/17/15 progress report provided by the treating physician, this patient presents with left shoulder pain. The treater has asked for physical therapy x 23 visits for left shoulder on 9/17/15. The request for authorization was not included in provided reports. The patient is s/p left shoulder rotator cuff repair from 7/1/15 per 9/17/15 report. The patient has good range of motion and strength is improving with external rotation per 9/17/15 report. The patient had a "massive rotator cuff tear" per 8/12/15 report. The patient has discontinued use of shoulder sling per 8/12/15 report. Per 9/16/15 physical therapy report, the patient has had 10 therapy sessions from 8/5/15 to 9/16/15. The patient is able to return to deskwork or sedentary work only, with physical therapy visits per 9/17/15 report. MTUS, post-surgical guidelines, page 26-27 states that "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months." The patient is 2.5 months s/p left rotator cuff repair, and is s/p 10 sessions of postoperative physical therapy for his left shoulder. Utilization review letter dated 9/15/15 denies request due to lack of documentation of objective benefit from prior therapy/massage. The patient has ongoing pain of left shoulder, with improvement in strength and range of motion. However, MTUS post-surgical guidelines allow 24 visits for this type of condition. In combination with prior 10 sessions, the current request for an additional 23 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.