

Case Number:	CM15-0199192		
Date Assigned:	10/14/2015	Date of Injury:	09/02/2014
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
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 39 year old female, who sustained an industrial injury on 09-02-2014. She has reported subsequent left shoulder pain and was diagnosed with left shoulder pain and impingement syndrome. Treatment to date has included pain medication, physical therapy and surgery. The injured worker underwent a left shoulder arthroscopy with subacromial decompression and arthroscopic rotator cuff repair on 04-03-2015. In a progress note dated 04-07-2015, the physician noted that the injured worker would begin physical therapy. A utilization review dated 07-13-2015 noted that that injured worker had received 10 sessions of physical therapy to date of the 12 that were approved and approved an additional 12 sessions of physical therapy, bringing the total to 24 physical therapy visits. Documentation shows that 20 sessions of physical therapy for the left shoulder were received from 06-11-2015 - 08-27-2015. The notes show some improvement of pain and increased range of motion of the shoulder. In a progress note dated 08-28-2015 the injured worker reported 4 out of 10 pain in the cervical spine, lumbar spine, left shoulder, hand and wrist with shooting pain from the neck into the bilateral shoulders and from the lumbar into the left calf with some numbness in the left hand and wrist. Objective examination findings revealed decreased cervical and lumbar lordosis and guarding of the left upper extremity with all activities, moderate tenderness throughout the cervical and lumbar paraspinal muscles, gluteal muscles trapezius muscles, quadratus lumborum muscles and anterior surface of the hand and wrist, left elbow, acromion process and distal supraspinatus tendon of the left shoulder, decreased range of motion of the cervical spine, left shoulder, left wrist and lumbar spine with decreased strength through the cervical spine, left shoulder, left wrist and lumbar spine and an antalgic gait. Work status was documented as temporarily totally disabled. A request for authorization of start physical therapy 2 to 3 times per week for 6 weeks for left shoulder pain was submitted. As per the 09-11-2015, utilization review, the request for start physical therapy 2 to 3 times per week for 6 weeks for left shoulder pain was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Start physical therapy 2 to 3 times per week for 6 weeks for left shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The claimant sustained a work injury in September 2014, due to repetitive motion and underwent an arthroscopic left shoulder subacromial decompression with rotator cuff repair on 04/03/15. As of 08/27/15, there had been 20 post-operative physical therapy treatments. She was tolerating exercises with minimal pain. There was minimally decreased range of motion. When seen, she was having frequent shoulder pain. There was decreased range of motion and pain with circumduction and with overhead reaching. Additional 12-18 physical therapy treatments were 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 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 a home pulley system for range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to revise or re-establish the claimant's home exercise program. The request is not medically necessary.