

Case Number:	CM15-0199766		
Date Assigned:	10/15/2015	Date of Injury:	11/05/2014
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54-year-old male who sustained an industrial injury on 11/5/14. Injury occurred while he was working as a registered nurse and was trying to restrain a combative patient. He underwent left shoulder arthroscopy with extensive debridement of the glenoid labrum tear, debridement of the partial rotator cuff tear, debridement of the glenohumeral joint arthritis, subacromial decompression with partial acromioplasty and coracoacromial ligament release, excision of bone spurs and partial distal clavicle excision on 5/18/15. Records documented physical therapy treatment with extensive progressive exercise, including Theraband. The 9/9/15 treating physician report indicated that the injured worker had less left shoulder pain with medications and physical therapy. He was not able to work. Physical exam documented well-healed incision with slight swelling and tenderness. He lacked 10 degrees of abduction and forward flexion. Jamar grip testing documented 100/100/90 pounds right and 80/80/80 pounds left. The treatment plan recommended continued medication and physical therapy. The injured worker was temporarily totally disabled for 2 weeks. The 9/18/15 treating physician report cited much less left shoulder pain. He had intermittent slight pain with activity. Right shoulder exam documented mild swelling and slight tenderness, good range of motion, and minimal weakness. Grip strength testing documented 100/100/100 pounds right and 90/85/80 pounds left. The treatment plan recommended continued medications and physical therapy, and off work one week. Authorization was requested for 8 additional post-op physical therapy sessions for the left shoulder. The 10/5/15 utilization review non-certified this request for 8 additional post-op physical therapy sessions as the injured worker had completed 24 visits

with residual slight pain with activity and mild decreased strength, and should be transitioned to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy, 8 additional sessions for the left shoulder: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This injured worker presents status post left shoulder arthroscopy with residual slight pain with activity and minimal residual weakness. Records documented that he had completed the recommended general course of post-op physical therapy with good functional improvement. The physical therapy flow charts indicated that the injured worker was performing Theraband exercises, consistent with a home exercise program. There is no specific functional deficit or functional treatment goal documented that would support the medical necessity of additional physical therapy. There is no compelling rationale presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.