

Case Number:	CM15-0202335		
Date Assigned:	10/22/2015	Date of Injury:	07/12/2011
Decision Date:	12/03/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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 39-year-old male, who sustained an industrial injury on 7-12-11. The injured worker was diagnosed as having status post left shoulder arthroscopic superior labral repair, biceps tendinosis, anterior acromioplasty and subacromial decompression, distal clavicle excision, glenohumeral debridement and partial synovectomy on 7-9-15. Subjective findings (7-17-15, 8-14-15) indicated decreasing left shoulder pain from 8-10 out of 10 pain to 5 out of 10 pain. Objective findings (7-17-15) revealed no signs of infection. Range of motion on 8-14-15 was 120 degrees of forward flexion, 120 degrees or abductions and 40 degrees of extension. As of the PR2 dated 9-25-15, the injured worker reports 2 out of 10 pain in the left shoulder primarily in the anterior aspect. He indicated completing eight sessions of physical therapy for the left shoulder with four sessions remaining. Objective findings include a negative Hawkin's sign, normal active range of motion and 4 out of 5 strength. Treatment to date has included Naprosyn, Omeprazole, Flexeril, LidoPro and Neurontin. The Utilization Review dated 10-13-15, modified the request for additional physical therapy x 12 sessions for the left shoulder to additional physical therapy x 6 sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x12, twice weekly for 6 weeks, for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM 2004, Pain, Suffering and the Restoration of Function.

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

Decision rationale: Review indicates the patient is s/p left shoulder arthroscopic superior labral repair, biceps tendinosis, anterior acromioplasty and subacromial decompression, distal clavicle excision, glenohumeral debridement and partial synovectomy on 7-9-15 with 12 postop PT visits certified. Report noted improvement with decreased pain level of 2/10 and full range; however, still with residual motor weakness of 4/5. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6-month rehab period. Although there are no updated reports of PT, there is clear measurable evidence of progress with the PT treatment rendered including milestones of increased ROM, strength, and functional capacity, and the additional course of 12 post-op PT visits is medically indicated and appropriate for recovery as part of the functional restoration process. The Additional physical therapy x12, twice weekly for 6 weeks, for the left shoulder is medically necessary and appropriate.