

Case Number:	CM15-0204364		
Date Assigned:	10/21/2015	Date of Injury:	07/21/2014
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 female who sustained an industrial injury July 21, 2014. Diagnosis is documented as right shoulder SLAP lesion. The patient is s/p right shoulder arthroscopic biceps tenotomy on March 26, 2015, corticosteroid injection right subacromial space July 24, 2015 and December 17, 2014. According to a primary treating physician's progress report dated August 19, 2015, the injured worker presented as follow-up of a right shoulder labral tear. Objective findings included; right shoulder-decreased range of motion, tenderness and pain. No further documentation of examination noted. The physician-documented physical therapy has helped more than 90% with decreasing pain and increasing function. The injured worker began physical therapy treatments April 21, 2015 and completed visit 17 on July 30, 2015, with presentation documented as decreased active range of motion and strength. Treatment plan included continue with medication, follow-up with orthopedic surgeon and at issue, (6) new visits of physical therapy. According to utilization review dated September 25, 2015, the request for renewal of physical therapy, 2 x 3 right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal physical therapy 2 x 3 for the right 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: Review indicates the patient with diagnosis of right shoulder SLAP lesions/p right shoulder arthroscopic biceps tenotomy on March 26, 2015. The patient has received 24 postop PT sessions completed with noted 90% improved function and decreased pain; however, there is no specified VAS score noted for improvement, decreased pharmacological need or change in restrictions with continued limitations of 10 pounds noted on latest report with unchanged exam finding of tenderness, decreased shoulder range (without degrees or plan of restrictions identified) with normal pulse and motor strength. Report of 2/27/15 prior to surgical intervention noted same 10 pounds work lifting limitations with chronic pain symptoms for this July 2014 injury. Post-surgical guidelines allow for up to 24 visits post arthroscopic labral repair over 14 weeks over a 6-month rehab period. It has now been over 8 months post surgery and there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints nor is there extenuating circumstances or postop complications to support for therapy sessions beyond guidelines criteria. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Renewal physical therapy 2 x 3 for the right shoulder is not medically necessary and appropriate.