

Case Number:	CM15-0209514		
Date Assigned:	10/28/2015	Date of Injury:	06/25/2012
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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, Hawaii

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(n) 46 year old female, who sustained an industrial injury on 6-25-12. The injured worker was diagnosed as having left shoulder tendinitis with impingement. Subjective findings (6-1-15, 7-30-16 and 8-24-15) indicated left shoulder pain. Objective findings (6-1-15, 7-30-15 and 8-24-15) revealed modest tenderness and crepitance as well as limited active range of motion and a positive impingement sign in the left shoulder. As of the PR2 dated 9-21-15, the injured worker reports left shoulder pain and dysfunction. Objective findings include modest tenderness and crepitance as well as limited active range of motion and a positive impingement sign in the left shoulder. The treating physician recommended left shoulder surgery. Treatment to date has included physical therapy for the left shoulder, Ibuprofen and Celebrex. The Utilization Review dated 10-15-15, modified the request for 24 post-operative physical therapy sessions, 2 times a week for 12 weeks for left shoulder to 12 post-operative physical therapy 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:

24 post-operative physical therapy sessions, 2 times a week for 12 weeks for left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for 24 post-operative physical therapy sessions, 2 times a week for 12 weeks for left shoulder. The treating physician report dated 8/5/15 states, "The patient has undergone conservative treatment including physical therapy, injections and medication, without relief." The report goes on to state, "Once again, I recommend surgical treatment for the left shoulder with diagnostic arthroscopy, debridement or repair of the rotator cuff, sub acromial decompression, a surgical assistant, postoperative physical therapy two times a week for twelve weeks". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the left shoulder. The patient's status of the left shoulder is not post-surgical. In this case, the current request of 24 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient has not yet been authorized to proceed with surgery of the left shoulder, therefore the current request if 24 visits of post-operative physical therapy is not medically necessary. The current request is not medically necessary.