

Case Number:	CM15-0021570		
Date Assigned:	02/11/2015	Date of Injury:	09/12/2013
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 9/12/13. She has reported left shoulder injury. The diagnoses have included left shoulder rotator cuff tendinitis, frozen left shoulder; status post left shoulder arthroscopy, subacromial decompression, acromioclavicular joint resection and debridement. Treatment to date has included medications, diagnostics, surgery and 24 post operative physical therapy sessions to date. Currently, the injured worker complains of left shoulder pain rated 7/10 with taking medications and rest. She states that her shoulder is improving and has noted improved motion in her shoulder. Physical exam of left shoulder revealed resisted abduction and resisted external rotation. Physical therapy note dated 10/6/14 the injured worker has completed a total of 16 sessions of physical therapy. She reported pain 8/10 at its highest compared to 9/10 on September 2, 2014. It was documented that the injured worker has improved significantly in terms of range of motion and mildly in terms of strength. On 12/16/14 additional; post operative physical therapy sessions 3 times week for 6 weeks was modified to 12 sessions only. Work status was temporary total disabled post operatively then permanent and stationary. On 1/21/15 Utilization Review non-certified a request for Additional post-op physical therapy 3 x 6 (18 sessions) for the left shoulder, noting that according to the evidenced based guidelines, the injured worker has completed a sufficient number of postoperative physical therapy sessions to have been educated in an independent home based exercise program. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy 3 x 6 (18 sessions) for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Rotator cuff syndrome/ Impingement syndrome (ICD9 726.1; 726.12):Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroscopic: 24 visits over 14 weeks, Post-surgical treatment, open: 30 visits over 18 weeks, Sprained shoulder; rotator cuff (ICD9 840; 840.4):Medical treatment: 10 visits over 8 weeks Medical treatment, partial tear: 20 visits over 10 weeks, Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks, The documentation submitted for review indicates that the injured worker has completed 24 sessions of post-operative physical therapy, which was indicated for left shoulder arthroscopy. The injured worker should have been transitioned to self-directed home therapy. The request is not medically necessary.