

Case Number:	CM15-0022769		
Date Assigned:	02/11/2015	Date of Injury:	08/13/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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 50-year-old male who reported an injury on 08/13/2013. The injured worker reportedly suffered a left knee and abdominal injury when unloading a crane from a truck. A coworker dropped 1000 pounds of camera equipment on the injured worker's left knee and right side of the abdomen. On 01/09/2015, the injured worker underwent an initial orthopedic panel qualified medical evaluation. Diagnoses included degenerative disc disease of the cervical spine with spondylosis, degenerative disc disease of the mid spine with spondylosis, degenerative disc disease of the lumbar spine with bulging discs, left knee degenerative joint disease, right shoulder SLAP lesion, status post arthroscopic surgery to the right shoulder times 2, and left mild SLAP lesion. The most recent surgical procedure was documented as a SLAP repair and subacromial decompression of the right shoulder on 02/18/2014. Postoperatively, the injured worker was treated with a course of physical therapy. Upon examination of the bilateral shoulders, there was 160 degrees flexion, 20 degrees extension, 150 degrees abduction, 20 degrees adduction, and 20 degrees internal and external rotation. Treatment recommendations included physical therapy for the left knee, right shoulder, left shoulder, low back, and cervical spine. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 session-right shoulder, 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the clinical documentation, the injured worker underwent a right shoulder SLAP repair with subacromial decompression on 02/18/2014. Between 03/2014 and 05/2014, the injured worker attended 15 to 21 approved sessions of postoperative physical therapy. The injured worker should be well versed in a home exercise program. There was no significant musculoskeletal or neurological deficit noted upon examination. The medical necessity for additional skilled physical medicine treatment for the right shoulder has not been established in this case. Therefore, the request is not medically appropriate at this time.