

Case Number:	CM15-0028342		
Date Assigned:	02/20/2015	Date of Injury:	07/09/2013
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/16/2015

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 47 year old male, who sustained an industrial injury on 07/09/2013. He has reported left shoulder pain. The diagnoses have included adhesive capsulitis of the left shoulder; and residual ongoing stiffness and weakness. Treatment to date has included medications, corticosteroid injection, physical therapy, and surgical intervention. Medications have included anti-inflammatory agents. Surgical intervention has included a left shoulder arthroscopy, synovectomy, and debridement of long head biceps and labral tear, subacromial decompression, rotator cuff repair and biceps tenodesis, performed on 07/29/2014. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. The injured worker reported left shoulder pain; and the pain was improved by corticosteroid injection and post-operative physical therapy sessions. Objective findings included tenderness over the bicipital groove of the left shoulder; positive biceps tension signs; and limited range of motion. The treatment plan has included request for additional post-operative physical therapy sessions. On 01/30/2015 Utilization Review noncertified a prescription for Additional Post-Op Physical Therapy 2x3. The CA MTUS was cited. On 02/16/2015, the injured worker submitted an application for IMR for review of Additional Post-Op Physical Therapy 2x3.

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 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726..

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, 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, clinical findings, and work status. Submitted reports from therapist indicated the patient has plateaued in improvement. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received prior authorized PT visits for the arthroscopic repair 8 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Additional Post-Op Physical Therapy 2x3 is not medically necessary and appropriate.