

Case Number:	CM15-0029580		
Date Assigned:	02/23/2015	Date of Injury:	04/02/2014
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 69 year old male who sustained an industrial injury on 4/2/14. He presently complains of pain and weakness in the left shoulder but improved shoulder motion after 6 sessions of physical therapy. Medications are hydrocodone, meloxicam and ICY HOT. Diagnoses include adhesive capsulitis of the left shoulder; left acromioclavicular ligament strain; osteoarthritis of the left acromioclavicular joint; left shoulder joint pain; left shoulder muscle strain; left rotator cuff injury and constipation. Treatments to date include shoulder injections, manipulation under anesthesia (10/29/14) with improvement, home exercise program, heat and cold therapy, physical therapy. Diagnostics include MRI left shoulder (5/5/14) abnormal; normal left shoulder x-ray (4/18/14). There was a request for authorization dated 11/13/14 for continued physical therapy 2X6. In the progress note dated 11/13/14 the treating physician requested additional physical therapy with range of motion and strengthening. In the progress note dated 1/29/15 the treating physician requested left shoulder arthroscopic subacromial decompression with distal clavicle resection and post-operative physical therapy 12 visits over six weeks. On 2/6/15 Utilization Review non-certified the request for post-operative physical therapy 12 sessions citing MTUS: Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy Post-op left shoulder 2x 6 weeks: 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 Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions postoperative left shoulder (two times per week times six weeks) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder adhesive capsulitis; left shoulder rotator cuff tendinosis; and acromioclavicular joint arthritis. The injured worker underwent right shoulder manipulation under anesthesia on October 29, 2014. Postoperative physical therapy includes 24 sessions over 14 weeks for this operative procedure diagnosis. The injured worker received 22 sessions from October 30, 2014 through January 6, 2015. The treating physician requested an additional 12 physical therapy sessions. This is in excess of the recommended guidelines. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Although an additional two physical therapy sessions are indicated under the guidelines, an additional 12 are not clinically indicated. Consequently, absent compelling clinical documentation to warrant additional physical therapy (10 physical therapy sessions over the guideline amount), physical therapy 12 sessions postoperative left shoulder (two times per week times six weeks) is not medically necessary.