

Case Number:	CM15-0214558		
Date Assigned:	11/04/2015	Date of Injury:	08/18/2009
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/01/2015

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 41 year old female, who sustained an industrial injury on 08-18-2009. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for status post left shoulder arthroscopic subacromial decompression and rule out left shoulder superior labral tear from anterior to posterior lesion. Treatment and diagnostics to date has included left shoulder MRI and medications. Recent medications have included Naprosyn, Omeprazole, and Flexeril. Subjective data (08-04-2015 and 09-16-2015), included left shoulder pain. Objective findings (09-16-2015) included "mild" tenderness to palpation in the biceps, "negative Neer's and Hawkins signs for impingement", and 5 out of 5 muscle and motor strength. The request for authorization dated 09- 28-2015 requested physical therapy treatment 2x6 weeks. The Utilization Review with a decision date of 10-02-2015 non-certified the request for physical therapy 2x6, 12 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:

Physical therapy 2 x 6 (12 sessions) for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

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

Decision rationale: The records indicate the patient is having ongoing pain and limited function in the left shoulder following a 2009 date of injury. The current request is for physical therapy 2 x 6 (12 sessions) for the left shoulder. The 9/16/15 progress report indicates a recent MR shows possible partial superior labral tear anterior to posterior (SLAP) lesion. The attending physician therefore recommends additional physical therapy aimed at range of motion exercises and strengthening of the left shoulder. The records indicate the patient underwent arthroscopic subacromial decompression of the left shoulder on 3/6/14. The patient has passed the postsurgical treatment period. The CA MTUS physical medicine guidelines were therefore consulted. CA MTUS does recommend physical therapy for labrum and other shoulder conditions. MTUS allows for a fading of treatment frequency (from up to three visits per week to 1 or less), plus active self-directed home physical therapy. For myositis and myalgia, 9-10 visits over 8 weeks are recommended. In this case, the records do indicate the patient completed 30 postsurgical physical therapy sessions. Records also indicate an additional 6 physical therapy sessions were authorized as recently as 8/04/15. There is no documentation provided which demonstrates increased benefit or functional improvement from the past six sessions. The current request exceeds guideline recommendations and there is no explanation for why the patient is not able to transition into an independent home-based exercise program. As such, the request is not medically necessary.