

Case Number:	CM15-0216277		
Date Assigned:	11/06/2015	Date of Injury:	07/07/2013
Decision Date:	12/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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 56 year old male, who sustained an industrial-work injury on 7-7-13. He reported initial complaints of bilateral shoulder pain. The injured worker was diagnosed as having rotator cuff capsule sprain-strain, aftercare following surgery of the musculoskeletal system, complete rupture of rotator cuff. Treatment to date has included medication, bilateral shoulder surgery: right on 3-13-2015 and left 9-4 15, 24 physical therapy sessions, and diagnostics. Currently, the injured worker complains of shoulder pain. Per the primary physician's progress report (PR-2) on 8-10-15, exam revealed injection to the left proximal biceps tendon sheath with initial relief of 15% and subacromial space. The left shoulder shows bi acromioclavicular joint tenderness, no cross body adduction pain localizing in that area, pain is almost always anteriorly along the course of the proximal biceps, active forward flexion to 150 degrees, normal strength, stable to load shift with no apprehension, negative ipsilateral Spurling's and foraminal compression test, well maintained ipsilateral elbow range of motion, and normal strength in the thenar and intrinsic muscles. The Request for Authorization requested service to include Physical therapy, bilateral shoulders, 2 times weekly for 6 weeks, 12 sessions. The Utilization Review on 10-6-15 denied the request for Physical therapy for bilateral shoulders, however twelve sessions of physical therapy for the left shoulder was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral shoulders, 2 times weekly for 6 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with pain affecting the bilateral shoulders. The current request is for Physical therapy, bilateral shoulders, 2 times weekly for 6 weeks, 12 sessions. The UR report dated 10/5/15 (4A) notes that the patient has received at least 12 sessions of postoperative physical therapy for the left shoulder, following arthroscopic left rotator cuff surgery on 9/4/15. MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 24 sessions for rotator cuff repair. The MTUS-PST guidelines only provide a total of 24 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 24 sessions of postoperative physical therapy for the right shoulder, and 12 sessions for the left shoulder. The patient is status post arthroscopic left rotator cuff surgery on 9/4/15 and right arthroscopic rotator cuff debridement on 3/13/15. In this case, while the current request of 12 visits may be medically necessary for the left shoulder, the patient has already received the recommended quantity of physical therapy sessions for the right shoulder and therefore the current request of 12 sessions for the bilateral shoulders exceeds the recommendation of 24 visits as outlined by the MTUS-PSTG. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.