

Case Number:	CM15-0220380		
Date Assigned:	11/13/2015	Date of Injury:	01/15/2015
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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 35 year old male, who sustained an industrial injury on 1-15-2015. The injured worker is being treated for right shoulder SLAP tear and partial thickness rotator cuff tear. Treatment to date has included surgical intervention (right shoulder SLAP lesion repair, 7-2015) followed by 24 sessions of postoperative physical therapy. Per the Orthopaedic Surgeon's Progress Report dated 10-02-2015, the injured worker presented for follow-up after right shoulder SLAP repair. He reported intermittent moderate pain. He has been taking Tramadol especially after physical therapy. He notes stiffness and is making gradual progress in physical therapy. Objective findings included healed incision, no swelling, and normal sensation. There is some stiffness in the extremes of abduction and forward elevation. No crepitation on passive range of motion of the shoulder and weakness in active abduction and active forward flexion. He continues to make progress after his SLAP lesion repair. I recommend he continue supervised physical therapy with gentle strengthening. There is no documentation of functional improvement, including significant improvement in symptoms, increase in activities of daily living or decrease in subjective pain level with the current treatment. Work status was "not yet able to return to work." The plan of care included, and authorization was requested on 10-21-2015 for 12 (2x6) additional sessions of outpatient postoperative physical therapy to the right shoulder. On 10-28-2015, Utilization Review modified the request for additional outpatient postoperative physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-operative physical therapy to the right shoulder 2 times a week over 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. 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, outpatient postoperative physical therapy to the right shoulder two times per week for 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 diagnosis is right shoulder SLAP tear, partial thickness rotator cuff tear. Date of injury is January 15, 2015. Request for authorization is October 21, 2015. The injured worker is status post right SLAP repair July 7, 2015. According to an October 2, 2015 progress note, subjective complaints include ongoing stiffness with intermittent moderate pain. Injured worker is making gradual progress. Objectively, there is no swelling but some stiffness abduction and forward elevation. The utilization review indicates the injured worker received 24 postoperative physical therapy sessions. The last physical therapy session is dated October 20, 2015. The injured worker continues to get better. After 24 physical therapy sessions the injured worker should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines over and above the recommended guidelines (24 sessions over 14 weeks) is clinically indicated. The treating provider requested an additional 12 sessions. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, outpatient postoperative physical therapy to the right shoulder two times per week for six weeks is not medically necessary.