

Case Number:	CM15-0032689		
Date Assigned:	02/26/2015	Date of Injury:	05/11/2013
Decision Date:	04/09/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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 42 year old male, who sustained an industrial injury on May 11, 2013. The diagnoses have included superior glenoid labrum lesion. Treatment to date has included right shoulder arthroscopy, left knee arthroscopy, physical therapy to the left knee, TENS unit, epidural steroid injections, medication and rest. Currently, the injured worker complains of right shoulder weakness and pain. The injured worker reported that physical therapy is helping. On examination, the right shoulder has a 20% decrease in range of motion and weak rotator cuff muscles. On January 21, 2015, Utilization Review non-certified a request for twelve sessions of physical therapy for the right shoulder, noting that there was no documentation of previous post-operative physical therapy for the right shoulder and the number of sessions and evidence of functional improvement of any previous physical therapy. The California Medical Treatment Utilization Schedule was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of twelve sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy session so for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter: Physical Therapy Post Surgical treatment Labral repair/SLAP lesion.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for 12 Physical therapy sessions for the right shoulder. The treating physician report dated 12/19/14 (18B) states, "Shoulder remains weak + painful. PT helping." The MTUS post-surgical guidelines do not address labral repair. The ODG guidelines have the following: "Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks." Medical reports provided, show the patient underwent SLAP repair on 9/10/14 (31B). While it is noted that the patient has previously received physical therapy for the right shoulder, the exact quantity of visits received to date is unknown. In this case, while the current request may be medically necessary, there was a lack of documentation of PT visits previously received. Without documentation of the quantity of PT sessions received to date it is unclear whether the current request would exceed the 24 visits recommended by the ODG guidelines. Furthermore, there was no documented functional improvement in the medical reports provided that would support additional physical therapy sessions beyond the 24 recommended by the guidelines. Recommendation is for denial.