

Case Number:	CM15-0036781		
Date Assigned:	03/05/2015	Date of Injury:	10/27/2014
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained a work related injury on 10/27/14. He was lifting weights and injured his left shoulder. The diagnoses have included dislocation left shoulder and left shoulder arthralgia. Treatments to date have included x-rays left shoulder, MRI left shoulder dated 11/13/14, CT scan of left shoulder dated 11/12/14, left shoulder surgery 11/21/14, medications, physical therapy and acupuncture. In the PR-2 dated 1/20/15, the injured worker complains of generalized left shoulder pain. He describes the pain as constant and sharp with pressure areas. He has tenderness and spasm in upper back and shoulder musculature. The request was made for certification of left shoulder postoperative physical therapy. On 2/20/15, Utilization Review modified a request for postoperative physical therapy, left shoulder 2-3x/week for 6 weeks, #18 to postoperative physical therapy, left shoulder 2x/week for 6 weeks, #12. The California MTUS, Postsurgical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, left shoulder 2-3 times a week for 6 weeks QTY: 18:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: In the case of this request, the patient has undergone shoulder surgery to have debridement, repair of a Bankart Lesion, and stabilization. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of physical therapy after Bankart repair. The submitted medicals indicate the patient has had 12 prior sessions of PT. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there is no documentation of any extenuating circumstance such as re-injury to warrant extension of formal physical therapy post-operatively. This request is not medically necessary at this time and the UR modification is appropriate.