

Case Number:	CM15-0038048		
Date Assigned:	03/06/2015	Date of Injury:	05/20/2013
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 54-year-old male with an industrial injury date of 05/20/2013. The mechanism of injury is documented as occurring while the injured worker was employed as a paramedic. He fell from the ambulance and sustained right knee, right shoulder and left shoulder injury. He presents on 01/14/2015 with complaints of severe pain in his left shoulder blade, shoulder and chest radiating down to his left hand. There was tenderness in the shoulder area and extension of the neck caused severe radiating pain into the shoulder. Prior treatment includes right knee surgery, right shoulder surgery, physical therapy, massage therapy and medications. Diagnoses included: Possible nerve entrapment, left upper extremity; Possible cervical radiculopathy and Status post extensive intra-articular shaving and debridement and resection of large superior labral tear and a portion of proximal biceps tendon, subacromial decompression and extensive partial bursectomy, resection of distal clavicle and biceps tenodesis, left shoulder. The request for physical therapy 3 times 4 for left shoulder was non-certified by utilization review on 02/02/2015. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 26 and 27.

Decision rationale: Per the 01/14/15 report, the patient presents with complaints of severe pain in his left shoulder blade, shoulder and chest radiating down to his left hand. There was tenderness in the shoulder area and extension of the neck caused severe radiating pain into the shoulder. The current request is for Physical Therapy 3x4 for left shoulder per the 01/26/15 RFA. As of 01/05/15, the patient is Temporarily Totally Disabled. Shoulder (Post-surgical MTUS p26, 27); Rotator cuff syndrome/Impingement syndrome states, postsurgical treatment, arthroscopic: 24 visits over 14 weeks; postsurgical physical medicine treatment period: 6 months; MTUS non postsurgical treatment guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The patient is within a post-surgical treatment period s/p left shoulder arthroscopy for SLAP impingement syndrome, Rotator cuff tendinitis on 09/10/14. The reports provided for review show on 10/22/14, that the patient was prescribed PT 3x4 for postoperative treatment; on 12/03/14 that the patient is slowly improving and undergoing PT 2x4; on 01/14/15 that the patient is continuing PT; and on 01/14/15 that the patient was doing well until 3 weeks previously when severe pain developed in the shoulder blade, shoulder and chest radiating to the hand. PT is noted to be without much benefit and the treating physician states that the patient will benefit from additional therapy as it provided good temporary pain relief. The provider further states, although the patient has almost completed physical therapy through the insurance, the patient will still need further intensive physical therapy. Stopping physical therapy now increases the risk that the patient might require further surgery. No PT treatment reports are included for review. In this case, it is not completely clear how much post-surgical treatment the patient has received for the shoulder as of the date of the current request. The 02/02/15 utilization review states 24 sessions have been received. The reports provided show the patient was prescribed 12 sessions and then 8 sessions and was receiving treatment from these prescribed sessions until 01/14/15. These at least 20 sessions combined with the requested 12 sessions exceed what is allowed by the MTUS guidelines. If this request is to be considered a new injury or flare up of pain, the requested 12 sessions exceed the 8-10 sessions allowed by the MTUS non post-surgical guidelines. Therefore, the request is not medically necessary.