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| Case Number: | CM15-0053821 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 03/15/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 53-year-old male, who sustained an industrial injury, March 15, 2013. The injured worker previously received the following treatments ice packs, pain medication, physical therapy and home exercise program. The injured worker was diagnosed with left shoulder rotator cuff rupture, status post 2 arthroscopic left shoulder surgery (last surgery was Aug 2013) and re-tear of revision of left shoulder rotator cuff tear. According to progress note of October 7, 2014, the injured worker's chief complaint was left shoulder post-operative restriction of movement and pain. The physical exam noted decreased range of motion to left shoulder, intact sensation and motor exams and positive Neer's, Hawkin's and horizontal cross abduction tests. The treatment plan included physical therapy 3 times a week for 6 weeks, 18 sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3 pg 48-9, Chp 9 pg 203-5, 212, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over a 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple PT sessions since his injury. He now has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbations of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations. Medical necessity for the frequency and number of PT sessions requested has not been established.