

Case Number:	CM15-0055943		
Date Assigned:	04/01/2015	Date of Injury:	04/02/2013
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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 43-year-old male, who sustained an industrial injury on 04/02/2013, reporting a left shoulder pain and low back pain after a fall. On provider visit dated 02/27/2015 the injured worker has reported being three and a half months status post left shoulder arthroscopy and he states he is improving with physical therapy but still having pain in his biceps, sometimes waking him up at night. On examination of left shoulder, it was noted to have positive portal scars, positive tenderness to palpation over biceps and positive O'Brien's test. The diagnoses have included aftercare surgery, biceps tendonitis and shoulder arthralgia. Treatment to date has included MRI, medication, home exercise program, injection, laboratory studies and physical therapy. The numbers of completed sessions of physical were not clear nor was there clear evidence of measurable of functional improvement. The provider requested additional physical therapy to left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 for the 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): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with left shoulder pain. The request is for **ADDITIONAL PHYSICAL THERAPY 2x6 FOR THE LEFT SHOULDER**. The RFA provided is dated 03/25/15 and the patient's date of injury is 04/02/13. The patient is post left shoulder arthroscopy, per operative report, 11/18/14. The diagnoses have included aftercare surgery, biceps tendonitis and shoulder arthralgia. Treatment to date has included MRI, medication, home exercise program, injection, laboratory studies and physical therapy. Physical examination to the left shoulder on 02/27/15 revealed mild tenderness to palpation over the biceps. The 02/19/15 report states the motor strength of the shoulders is 5/5 and the drop test is negative. The patient is temporarily very disabled. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS 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." MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative period is 6 months. Per 02/27/15 report, treater states, "The patient states he is improving with physical therapy but still having pain in his biceps, sometimes waking him up at night. Continue physical therapy and home exercises." The UR dated 03/11/15 states the patient has completed 22 sessions of physical therapy to date. MTUS recommends 24 visits over 16 weeks and that the post-surgical physical medicine treatment period is 6 months. The treater's request for an additional 12 physical therapy sessions is excessive and IS NOT medically necessary.