

Case Number:	CM15-0080192		
Date Assigned:	05/01/2015	Date of Injury:	02/03/2009
Decision Date:	06/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 is a 61 year old male, who sustained an industrial injury on 2/03/2009. He reported a high force rear-ended impact motor vehicle accident. Diagnoses include left shoulder bursitis/tendonitis, history of rib fractures with residual left rib pain, history of lower extremity deep vein thrombosis (DVT). He is status post left shoulder arthroscopy and tendon repair 11/12/14. Treatments to date include activity modification, medication therapy, and twelve post-operative physical therapy sessions. Currently, he complained of left shoulder pain rated 4-6/10 VAS at rest with increases to 8-9/10 VAS with activity. On 3/10/15, the physical examination documented decreased range of motion with minimal pain of the left shoulder. The plan of care included an additional twelve physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits 2 times a week for 6 weeks for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Per the cited guidelines, postsurgical treatment guidelines recommend 24 visits of physical therapy over 14 weeks. The post-surgical physical medicine treatment period is 6 months. The injured worker is still within the post-surgical treatment period as of the date of this authorization request (3/10/15), therefore the Chronic Pain Medical Treatment Guidelines do not apply. The injured worker is status post left shoulder arthroscopic surgery with tendon repair on 11/14/2015. He has completed 12 post-operative physical therapy sessions. The injured worker is reported to be progressing slower than expected. The goal of physical therapy is to develop a home exercise program for the injured worker to actively participate in therapy at home between sessions, and to have a program to continue rehabilitative exercises beyond the therapist led sessions. An additional 12 sessions of physical therapy is within the recommendations of the MTUS Guidelines, and is reasonable for this injured worker. The request for physical therapy visits 2 times a week for 6 weeks for the left shoulder is considered to be medically necessary.