

Case Number:	CM15-0082630		
Date Assigned:	05/05/2015	Date of Injury:	06/07/2011
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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:

This 41 year old male sustained an industrial injury to the wrist and shoulder on 6/7/11. The injured worker underwent left shoulder hemiarthroplasty on 2/10/15. In a PR-2 dated 3/4/15, the injured worker complained of left shoulder pain with radiation to the neck associated with numbness and tingling. The injured worker rated his pain 5/10 his pain on the visual analog scale and noted that his pain had improved a lot since surgery on 2/10/15 but reported decreased muscle mass and strength. The injured worker also complained of difficulty falling asleep due to pain. Current diagnoses included status post left wrist fusion, wrist joint disease, left shoulder joint disease, hypertension, left jaw mild abscess and status post left shoulder surgery. The treatment plan included a follow-up with a shoulder specialist, reevaluation with internal medicine, encouraging home exercise, physical therapy postoperative evaluation with twelve physical therapy sessions and a prescription for Atenolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy evaluation, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks Postsurgical physical medicine treatment period: 6 months.

Decision rationale: The patient is s/p left shoulder hemiarthroplasty and left wrist fusion on 2/10/15. Follow-up report from the provider noted improved status with pain rated at 4-5/10 without use of medications. Exam of left wrist noted 5 degrees DF, 10 palmar extension, 5 radial deviation, 10 ulnar deviation, 10 pronation with 60 degrees supination. Treatment plan included medications. There is no report of acute flare-up, new injuries, increased symptoms or clinical deterioration to support for further formal PT in a patient that should have been instructed on a home exercise program. Submitted reports have noted the patient progressing well without low pain level reported for the extensive postsurgical period without noted operative complications or extenuating circumstances to support for additional therapy beyond guidelines criteria. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Postoperative physical therapy evaluation, 12 sessions is not medically necessary and appropriate.