

Case Number:	CM15-0087669		
Date Assigned:	05/11/2015	Date of Injury:	09/10/2013
Decision Date:	06/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 9/10/2013. He reported a wooden beam falling, striking him in the head and neck, with loss of consciousness. The injured worker was diagnosed as having left shoulder sprain/strain, post-operative left shoulder, elbow/forearm sprain/strain, wrist sprain/strain, pain in forearm, muscle weakness, carpal tunnel syndrome, cervicothoracic sprain/strain, and lumbosacral sprain/strain. Treatment to date has included diagnostics, arthroscopic left shoulder surgery on 11/07/2014, and unspecified post-operative physical therapy. Currently (4/07/2015), the injured worker reported at least a 70% recovery of the left shoulder to date. He still had some weakness and soreness lifting his arm above shoulder level. He was currently undergoing physical therapy and still had 2 remaining sessions. He reported intermittent neck pain, noting improvement with physical therapy, and stated that his numbness and tingling in the left hand subsided. He reported relief of back pain to a mild level with ongoing leg weakness, noting epidural injection on 4/01/2015. Physical exam of the lumbar spine noted mildly decreased range of motion, positive bilateral Kemp's test, positive bilateral straight leg raise, tenderness of the sacroiliac joints and lower lumbar at L3-5, and mild weakness in the right extensor hallucis longus. Exam of the cervical spine noted mildly decreased range of motion, and tenderness along the left suprascapular region. Exam of the left shoulder noted mildly decreased range of motion with pain, positive Hawkin's, positive Dugas, and mild signs of impingement. Motor weakness with flexion and abduction was noted. Current medication regime was not noted and urine drug screen (3/25/2015) was inconsistent with prescribed medications. The progress report for this date

noted a complaint of pain along the cervical, thoracic, and lumbar spines. He rated his left shoulder pain at 5-6/10 and low back pain at 8/10. His medication use included Tramadol and Metformin. The treatment plan included additional post-operative physical therapy (2x4), with an emphasis on work conditioning exercises and instruction on light therapeutic exercises of the lumbar spine, and acupuncture for pain management of the post-operative left shoulder. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2 x wk x 4 wks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195, 204, 210, 211, 212, Chronic Pain Treatment Guidelines Part 2 Page(s): 7, 8, 92, 98, 99.

Decision rationale: The member's DOI was 9/10/13. A wooden beam was reported to have fallen on the members head and neck. 11/7/14 the member underwent rotator cuff and AC surgery. The member is reported to have received an ESI 4/1/15. There is no report for a flare of the underlying condition or a new injury. Pain is subjective. It cannot be readily validated or objectively measured. Subjective reports of pain severity may not correlate well with its functional impact. It is essential to understand the extent that function is impeded by pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The efficacy of arthroscopic decompression for full-thickness tears depends on the size of the tear; one study reported satisfactory results in 90% of patients with small tears. Postoperative physical therapy is a recommended option to decrease pain, restore ROM and muscle strength and to improve function. It usually can be completed in 8 weeks allowing for fading of frequency down to 1 visit a week or less but can be extended in the face of functional improvement. It would be expected then that if the injured workers surgery were a success that the initial postoperative PT would have restored function. Documentation of a flare may be justification to consider another course of treatment. A brief return to PT can be approved in order to refresh the member with regard to the parameters of self-care but a full return to formal PT could not be justified. Additionally this request did not include the expectation of fading (tapering) of frequency. The ongoing record does not report a flare of symptoms nor a new injury to the shoulder. The injury is well past the point of ongoing utility from the surgery in 2014. Concur with the UR Non-Cert, as the request is not medically necessary.