

Case Number:	CM15-0236869		
Date Assigned:	12/15/2015	Date of Injury:	01/19/2015
Decision Date:	01/21/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old, male who sustained a work related injury on 1-19-15. A review of the medical records shows he is being treated for left shoulder pain. In the progress notes dated 10-5-15 and 11-18-15, the injured worker reports pain and stiffness in left shoulder. He is unable to reach over his head. He reports pain in his neck. Upon physical exam dated 11-18-15, he has tenderness to anterior aspect of left shoulder. He has decreased left shoulder range of motion. Treatments have included over a year of aggressive physical therapy and a cortisone injection into left shoulder. Current medications include-none listed. No notation of work status. The treatment plan includes requests for left shoulder surgery and postoperative physical therapy. The Request for Authorization dated 11-18-15 has requests for left shoulder surgery, postoperative physical therapy, an ice machine and a sling. In the Utilization Review dated 11-25-15, the requested treatment of postoperative physical therapy x 30 sessions to left shoulder was modified to postoperative physical therapy x 12 sessions to left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, 5 times a week for 3 weeks, 3 days a week for 3 weeks and 2 days a week for 3 weeks, for left shoulder (30 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in January 2015 when he opened a heavy door and felt sudden pain in his left shoulder. He had 12 sessions of physical therapy and a cortisone injection. An MRI scan of the shoulder in March 2015 showed findings of a labral lesion and mild rotator cuff and biceps tendinitis. In May 2015 another cortisone injection was administered. In August 2015 there had been a short period of improvement in pain after the injection. He had ongoing pain and stiffness. He had just recently started physical therapy. In September 2015 he was making reasonable gains with range of motion and strength. When seen in November 2015 he had ongoing pain and stiffness. He was unable to reach overhead. Physical examination findings included decreased shoulder range of motion including forward flexion limited to 100. Both actively and passively. Authorization was requested for left shoulder arthroscopic surgery with lysis of adhesions with postoperative care to include 15 sessions of physical therapy. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines. The claimant has already had extensive physical therapy and early transition to a daily home exercise program that could be performed as often as needed/appropriate rather than during scheduled therapy visits and which could include use of TheraBands and a home pulley system for strengthening and range of motion would be the optimal treatment. The request is not medically necessary.