

Case Number:	CM15-0238853		
Date Assigned:	12/15/2015	Date of Injury:	10/13/2014
Decision Date:	01/21/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/07/2015

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: 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 51 year old man sustained an industrial injury on 10-13-2014. Diagnoses include left shoulder impingement syndrome and left rotator cuff sprain. Treatment has included oral medications. Physician notes dated 10-21-2015 show complaints of left shoulder pain. The physical examination shows decreased strength and painful range of motion to the left shoulder. Neer's and Hawkin's signs are positive. Recommendations include surgical intervention, Norco, and follow up one week post-operatively. Utilization Review denied a request for left shoulder physical therapy on 11-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 8 weeks left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Physical therapy.

Decision rationale: The patient presents on 10/21/15 with unspecified left shoulder complaints, and per the provider is pre-op for left shoulder subacromial decompression. The patient's date of injury is 10/13/14. Patient is status post left shoulder arthroscopy on 10/26/15. The request is for Physical therapy 2 times a week times 8 weeks left shoulder. The RFA was not provided. Physical examination dated 10/21/15 reveals pain with range of motion (presumably) of the left shoulder, with positive Neer's and Hawkin's sign and decreased strength noted. The patient is currently prescribed Norco, Atorvastatin, Vicodin, Aleve, and Tylenol. Patient's current work status is not provided. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." ODG Shoulder Chapter, under Physical therapy has the following: "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopaedic referral. Patients with small tears of the rotator cuff may be referred to an orthopedist after 6 to 12 weeks of conservative treatment. The mainstays of treatment for instability of the glenohumeral joint are modification of physical activity and an aggressive strengthening program. ODG Physical Therapy Guidelines: ...Rotator cuff syndrome/Impingement syndrome: Post-surgical treatment, arthroscopic: 24 visits over 14 weeks." In regard to the 16 physical therapy sessions for this patient's ongoing left shoulder pain, the request is appropriate. This patient recently underwent left shoulder subacromial decompression and rotator cuff repair on 10/26/15 and the provider is requesting 16 sessions of post-operative physical therapy. Utilization review partially certified this request, allowing for 8 sessions, citing chronic pain guidelines. However, official disability guidelines allow for up to 24 visits of post-operative physical therapy for procedures of this nature. Therefore, the request is medically necessary.