

Case Number:	CM14-0148184		
Date Assigned:	09/18/2014	Date of Injury:	10/05/2011
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year-old patient sustained a lifting injury on 10/5/11 while employed by [REDACTED]. Request(s) under consideration include 12 Physical therapy sessions for the left shoulder between 8/7/14 and 9/21/14. The patient is s/p left shoulder arthroscopy with SLAP repair, SAD, and Mumford procedure on 7/2/13. MR arthrogram of 11/11/13 showed calcific tendinitis of infraspinatus, partial tear of supraspinatus and postoperative changes over labrum and glenohumeral joint arthritis. The patient underwent repeat left shoulder arthroscopy with rotator cuff repair and adhesion release on 2/6/14 with 21 formal PT sessions from 2/28/14 to 4/25/14. Report of 7/16/14 from the provider noted the patient with ongoing chronic neck and left shoulder pain; had attended recent 3 PT visits in June 2014. Medications list cholesterol and diabetes medications of Metformin, Gemfibrozil, Glipizide, and Insulin. Exam of left shoulder showed active range of abd/flex/adduction 145/90/40 degrees; and intact motor strength. The patient has completed 24 PT visits for arthroscopic rotator cuff repair since last surgery of 2/6/14 over 8 months ago. The request(s) for 12 Physical therapy sessions for the left shoulder between 8/7/14 and 9/21/14 was non-certified on 8/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 62 year-old patient sustained a lifting injury on 10/5/11 while employed by [REDACTED]. Request(s) under consideration include 12 Physical therapy sessions for the left shoulder between 8/7/14 and 9/21/14. The patient is s/p left shoulder arthroscopy with SLAP repair, SAD, and Mumford procedure on 7/2/13. MR arthrogram of 11/11/13 showed calcific tendinitis of infraspinatus, partial tear of supraspinatus and postoperative changes over labrum and glenohumeral joint arthritis. The patient underwent repeat left shoulder arthroscopy with rotator cuff repair and adhesion release on 2/6/14 with 21 formal PT sessions from 2/28/14 to 4/25/14. Report of 7/16/14 from the provider noted the patient with ongoing chronic neck and left shoulder pain; had attended recent 3 PT visits in June 2014. Medications list cholesterol and diabetes medications of Metformin, Gemfibrozil, Glipizide, and Insulin. Exam of left shoulder showed active range of abd/flex/adduction 145/90/40 degrees; and intact motor strength. The patient has completed 24 PT visits for arthroscopic rotator cuff repair since last surgery of 2/6/14 over 8 months ago. The request(s) for 12 Physical therapy sessions for the left shoulder between 8/7/14 and 9/21/14 was non-certified on 8/11/14. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 24 authorized PT visits for the arthroscopic repair over 8 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy 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. There is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 Physical therapy sessions for the left shoulder between 8/7/2014 and 9/21/2014 are not medically necessary and appropriate.