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| Case Number: | CM14-0098846 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 08/07/2013 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Physical Medicine & 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:

The injured worker is a 41 year old female who reported an injury on 08/07/2013 from a slip and fall. The injured worker was diagnosed with status post left shoulder arthroscopy SLAP repair. The injured worker was treated with surgery, physical therapy, and medications. The injured worker had an unofficial MRI of the left knee on 08/22/2013 and an official MRI of the left shoulder on 08/30/2013, which showed supraspinatus tendinosis, severe acromioclavicular joint osteoarthritis, and it, was noted that the acromion was mildly laterally down sloping which was a risk factor for impingement. The injured worker had left shoulder arthroscopy for SLAP repair on 02/07/2014. On the clinical note dated 06/03/2014, the injured worker complained of left knee and left shoulder pain. The injured worker had passive range of motion of the left shoulder was flexion 160 degrees, abduction 160 degrees, external rotation 85 degrees at 90 degrees abduction limited with pain, and manual muscle testing 4/5 pain with resisted abduction. The injured worker was prescribed Norco, Celebrex, Percocet, Trazodone HCL, and Avinza; dosage and frequency was not included. The treatment plan was for Physical Therapy for Left Shoulder 2x/Week x 6/Weeks (12 Visits). The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Left Shoulder 2x/Week x 6/Weeks (12 Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The request for physical therapy for the left shoulder 2 x/ week x 6 weeks (12 visits) is not medically necessary. The injured worker is diagnosed with status post left shoulder arthroscopy SLAP repair. The injured worker's passive range of motion of the left shoulder is flexion 160 degrees, abduction 160 degrees, external rotation 85 degrees at 90 degrees abduction limited with pain, and manual muscle testing 4/5 pain with resisted abduction. The California MTUS guidelines recommend 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 guidelines recommend 24 visits over 10 weeks. The injured worker has attended 15 sessions of physical therapy post left shoulder arthroscopy. The medical records lack documentation of improved functional deficits and improved pain rating from physical therapy to warrant additional sessions. Additionally, the injured worker has utilized 15 sessions and is requesting 12 additional which exceed the recommended 24 visits. As such, the request for physical therapy for the left shoulder 2 x/ week x 6 weeks (12 visits) is not medically necessary.