

Case Number:	CM14-0099779		
Date Assigned:	08/01/2014	Date of Injury:	10/22/2012
Decision Date:	10/06/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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 claimant injured his left shoulder on 10/22/12. An additional 24 visits of post-op physical therapy to the left shoulder is under review. The claimant was diagnosed with a left shoulder labral tear and impingement. He underwent arthroscopic surgery on 02/25/14 for labral repair, subacromial decompression, and acromioplasty. He attended at least 24 sessions of PT postoperatively. He was making good progress as of 05/15/14 and he could flex his shoulder to 180. Internal rotation was within normal limits. After 22 visits, his progress was described as good. On 06/30/14, he saw [REDACTED] and complained of increased swelling. His PT finished about 05/27/14. He was okay to start work. He was given Voltaren. External rotation was 80% and strength was mildly decreased. He remained on restricted duty on 07/01/14 and was expected to return to full duty on 09/07/14. On 07/21/14, he still had pain. He was given Voltaren. He was taken out of work for that day. On 07/31/14, he complained of pain that was 8/10 with spasms and a poking sensation that happened on Monday. He requested a refill of Norco but was given Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times 8 to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, postop PT for rotator cuff/labral tear

Decision rationale: The history and documentation do not objectively support the request for 24 additional postop PT visits at this time. The MTUS recommend for postoperative rehab "Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart); Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12); Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/ acromioplasty): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." MTUS also states that physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."The ODG recommend "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Post-surgical treatment, arthroscopic; Dislocation of shoulder (ICD9 831); Sprained shoulder; rotator cuff (ICD9 840; 840.4): Post-surgical treatment (RC repair/acromioplasty); Superior glenoid labrum lesion (ICD9 840.7): Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks."The claimant has completed what should have been a sufficient number of visits of postop PT and there is no clinical evidence that he remains unable to continue and complete his rehab with an independent HEP. There is no indication that he has continued his rehab with an independent home exercise program but still requires extensive supervised exercises. There is no evidence of significant deficits on physical examination for which extensive additional formal PT appears to be indicated or that he cannot resolve with an independent exercise program. The medical necessity of this request for an additional 24 postop PT visits has not been clearly demonstrated.