

Case Number:	CM15-0013119		
Date Assigned:	01/30/2015	Date of Injury:	01/05/1999
Decision Date:	03/30/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/22/2015

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:

The injured worker is a 47-year-old male who sustained an injury on 01/05/1999. The mechanism of injury occurred when he was helping another coworker lift a box trailer kit. His diagnoses include failed total shoulder on right. On 01/06/2015, the injured worker was seen for revision of failed left shoulder total replacement to hemiarthroplasty with bone graft left shoulder. He is postop 8 months. He has not had any physical therapy as a result of lack of approval. There is activity and resting pain. There is no change to the right side. Upon exam, the bilateral shoulders revealed the injured worker is neurologically intact from C5 to T1. There is improvement in the posterior joint line pain, but the area had pain that was more lateral. He has limited active range of motion. There was significant crepitus. Motor strength on the right side was 4+/5. The treatment plan included on the left continue with physical therapy progressive activities. The injured worker will receive permanent limitations to the arm. The right will discuss a 2 step revision for the shoulder replacement with bone graft reconstruction. The Request for Authorization is dated 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks on the left shoulder. QTY: 18 sessions: Upheld

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

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

Decision rationale: The request for physical therapy 3 times a week for 6 weeks o the left shoulder. qty: 18 sessions is not medically necessary. The injured worker had a history of shoulder pain. California MTUS states postsurgical treatment for arthroplasty of shoulder is 24 visits over 10 weeks. The documentation indicated that the injured worker had multiple left shoulder surgeries. The latest was on 03/06/2014. The utilization review summary indicated that the injured worker had completed 35 postoperative physical therapy visits as of 11/17/2014. The guidelines recommend 24 sessions. The request exceeds the guidelines recommendations. The injured worker continued to have limited range of motion. It is unclear if physical therapy is helping. As such, the request is not medically necessary.