MAXIMUS Federal Services

Case Number:	CM15-0013331		
Date Assigned:	01/30/2015	Date of Injury:	02/20/2013
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/23/2015

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: Emergency Medicine

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 38 year old male who sustained an industrial injury on 02/20/2013. The current diagnosis includes right shoulder pain. Treatments to date include medication management, right shoulder surgery on 03/20/2014, and physical therapy. Report dated 12/22/2014 noted that the injured worker presented with complaints that included right arm weakness. Physical examination was positive for decreased strength. The injured worker has completed 23 visits of physical therapy. The utilization review performed on 01/02/2015 non-certified a prescription for 12 sessions of physical therapy for the right shoulder based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The request is for 12 sessions of physical therapy to the right shoulder. The injured worker is status-post right shoulder arthroscopy, debridement of the labrum, biceps tenotomy, open subpectoralis biceps tenodesis, and both sternal and clavicular head pectoralis repairs with sternoclavicular head augmentation with allograft on 3/20/2014. Per records, the surgery was followed by 23 sessions of physical therapy. The MTUS guidelines do not clearly address the surgery the injured worker received, but the guidelines do state that for all surgeries not covered by these guidelines the post-surgical physical medicine period is six (6) months. At the conclusion of the post-surgical physical medicine period, treatment reverts back to the applicable 24- visit limitation for chiropractic, occupational and physical therapy pursuant to Labor Code section 4604.5(d)(1). Given that the injured worker has shown improvement in function, but continues to have pain, while the initial treatment fell within the confines of the post-surgical treatment guidelines, after more than 12 months since surgical intervention, the treatment plan now falls within the chronic pain guidelines. While the guidelines typically support an initial trial of 6 physical therapy sessions, with further treatment recommended if improvement is clearly documented, the injured worker here presents a more complicated case due to the multiple surgical interventions to the shoulder. The treating surgeon has noted an improvement since the surgery, but believes further physical medicine would be of benefit. 12 sessions still falls within the maximum number allowable under the chronic pain guidelines, and therefore is found to be medically necessary. Frequency of visits should be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals.