

Case Number:	CM15-0112068		
Date Assigned:	06/18/2015	Date of Injury:	01/24/2011
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male who sustained an industrial injury on 01/24/2011. The injured worker was diagnosed with left shoulder impingement and degenerative joint disease left shoulder and left knee. The injured worker underwent a left shoulder rotator cuff repair and acromioclavicular joint excision in September 2014 and a left knee arthroscopy with partial meniscectomy, lateral release, open posterolateral corner repair, extensive chondroplasty and synovectomy in January 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, cortisone injections to the shoulder and knees, Orthovisc injection series on the left knee with ultrasound guidance (last dose received 12/15/2014) and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to have weakness in the knee when walking. The injured worker uses a hinged gripper outside the home and ambulates with a cane. The left shoulder was improving with decreased pain while in physical therapy and currently has difficulty lifting and difficulty sleeping due to shoulder pain. Examination of the left shoulder was positive for Popeye deformity, negative impingement and decreased strength of the supraspinatus and external rotator. The left knee revealed crepitus, mild edema, and global anterior tenderness with decreased range of motion and decreased quadriceps strength and atrophy. The injured worker is declining surgical intervention at this time. Current medications are listed as Naproxen and Omeprazole. Treatment plan consists of continuing home exercise program for the left knee and left shoulder as instructed and the current request for additional physical therapy twice a week for 6 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 (left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure summary online - Physical therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2011 and underwent left shoulder arthroscopic surgery in September 2014. When seen, he was more than 6 months status post surgery. There had been improvement while receiving physical therapy treatments. He was having difficulty sleeping on the shoulder and difficulty with lifting overhead. There was full range of motion with decreased strength and biceps deformity. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening. Providing the number of additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments which appears to have already happened. The number of visits requested is in excess what would be expected to reestablish or revise a home exercise program. The request is not medically necessary.