MAXIMUS Federal Services

Case Number:	CM15-0176016		
Date Assigned:	09/17/2015	Date of Injury:	08/01/2013
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 58 year old female who sustained an injury on 8-1-13. The progress report on 2-10-15 indicates diagnoses as cervical strain; tendinitis left shoulder and left shoulder impingement. She continues to have some discomfort and pain in the left shoulder and recommended an MR arthrogram of the left shoulder. Continue taking anti-inflammatory medication and home exercises. 7-16-15 left shoulder arthroscopy; acromioplasty; debridement of rotator cuff and repair of labrum and biceps was performed. The evaluation on 7-21-15 reports she is doing quite well and will be starting physical therapy right away. On 8-18-15 the records indicate she needs some more therapy and strengthening and recommend therapy 3 times a week for 4 weeks with plans to return to work in a month. Physical therapy notes on 8-21-15 indicate 12 visits and she has feels achy along left shoulder surgical incisions. She is performing home exercise program daily. Flexion range of motion 130 degrees; abduction 99 degrees and internal rotation of 10 degrees. She states her pain is worse at night when laying in supine position and limited with reaching forward and past midline as well as reaching behind back. Neurovascular sensation was grossly intact for light touch for dermatome C5-T1. Therapeutic activities included dynamic movement activities with the purpose of improving the patient's functional ability performance such as lifting, carrying, bending, squatting, pushing, pulling, jumping and reaching. Current requested treatments physical therapy 3 times a week for 4 weeks to the left shoulder. Utilization review 8-26-15 requested treatment non-certified.

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 4 weeks to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in August 2013 and underwent a left shoulder arthroscopic decompression with rotator cuff and labral debridement in July 2015. She had postoperative physical therapy and, as of 08/21/15, had completed 12 treatment sessions and was performing a home exercise program. When seen, she was doing quite well. No physical examination was recorded. Authorization was requested for an additional 12 therapy treatments. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks, although treatment goals can usually be achieved with fewer visits. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has had a course of physical therapy including a home exercise program. However, when requested there were no physical examination findings recorded and therefore no ongoing impairment is documented. No new therapeutic content was being requested. The number of treatments does not reflect a fading of skilled services. The request that was submitted cannot be accepted as being medically necessary.