MAXIMUS Federal Services

Case Number:	CM15-0179872		
Date Assigned:	10/07/2015	Date of Injury:	10/07/2014
Decision Date:	12/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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, Hawaii
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:

This is a 48 year old female who sustained a work-related injury on 10-7-14. Medical record documentation on 8-14-15 revealed the injured worker was being treated for post left shoulder arthroscopy with extensive debridement and biceps tenodesis on 6-22-15; partial rotator cuff - biceps root tears of the bilateral shoulders; adhesive capsulitis of the left shoulder; and mild adhesive capsulitis of the right shoulder. She reported continued pain and that she was making slow progress with physical therapy. She noticed a slight improvement in her range of motion and admitted her physical therapy was helping. Her medication regimen included Percocet and Skelaxin. Objective findings included negative impingement test of the left shoulder. Range of motion of the left shoulder included forward elevation to 60 degrees (active), 120 degrees (passive), ABER 60 degrees, ABIR 30 degrees. She had a supraspinatus resistance test of 4-5 and ER at side of 4-5. She had tenderness to palpation of the anterosuperior cuff. She had at least eleven visits of physical therapy from 7-17-15 to 8-25-15. On 8-25-15 she reported no change in her pain or progress since her previous visit. A request for additional physical therapy two times per week for six weeks was received on 8-19-15. On 8-25-15, the Utilization Review physician modified additional physical therapy two times per week for six weeks to three visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 0/06/15) Online Version.

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

Decision rationale: The patient presents with continued pain from post left shoulder arthroscopy. The current request is for additional Physical Therapy 2 times a week for six weeks. The treating physician states, in a report dated 08/14/15, "Continue physical therapy at Team Physical Therapy 2x6 - 12 visits." (41B) The PSTG guidelines state, "Postsurgical treatment: 24 visits over 14 weeks." In this case, the UR Decision letter dated 08/25/15 notes the patient has already had 30 postoperative PT sessions and modified the certification to 3 additional PT sessions. (5A) Since the treating physician has provided no justification for 12 additional PT sessions in the documents available for review, the current request is not medically necessary.