

Case Number:	CM15-0024382		
Date Assigned:	02/13/2015	Date of Injury:	02/12/2014
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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:

This 46 year old female sustained an industrial injury to the left shoulder on 2/12/14. The injured worker underwent left arthroscopic repair of superior labral detachment with mini open rotator cuff repair, extensive arthroscopic debridement and distal clavicle resection on 7/11/14. Postsurgical care included physical therapy and medications. Documentation did not disclose the number of physical therapy sessions completed or objective evidence of functional improvement. In a progress noted dated 1/14/15, the physician noted that the injured worker had been working hard at physical therapy. The injured worker still got sore during physical therapy sessions but was willing to go back and try again. Physical exam was remarkable for normal range of motion of all major muscle groups with strength 5/5 and mild tenderness to palpation over the anterior left shoulder with some stiffness and discomfort with abduction and internal rotation. The treatment plan included a referral to physical therapy. On 1/29/15, Utilization Review noncertified a request for additional physical therapy 1 time per week for 4 weeks for the left shoulder, noting that the injured worker exceeded that recommended number of physical therapy sessions and citing CA MTUS Post-Surgical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 1 time per week for 4 weeks for the left shoulder: 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): 99.

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone likely undergone prior PT. There is no comprehensive summary of how many sessions and what functional benefit was noted from prior PT. A progress note from mid January 2015 simply requests an additional 4 session of shoulder PT without detailing the outcome of prior PT. Therefore additional physical therapy as originally requested is not medically necessary.