

Case Number:	CM15-0048440		
Date Assigned:	03/20/2015	Date of Injury:	07/14/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/13/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 33-year-old male who sustained an industrial injury on 7/14/14. He reported an onset of left shoulder pain pushing a hand truck carrying about 400 pounds of beer. The injured worker underwent left shoulder debridement of the rotator cuff and labrum with subacromial decompression on 12/18/14. The 12/23/14 treating physician report cited a constant left shoulder pain, increased with movement and activity. Pain was relieved with medication and rest. Left shoulder exam documented a well-healed incision with no signs of infection. Passive flexion and abduction were 80 degrees, and internal and external rotation to 30 degrees. There was 4/5 shoulder strength and no instability. The treatment plan recommended continued use of the sling. Follow-up was scheduled for 2 weeks, at which time he was to begin therapy. Records indicated that the patient completed 24 post-operative therapy visits with on-going discomfort. There was full passive range of motion, mild loss of active range of motion, and global 4/5 strength. A 3/9/15 request was submitted for additional post-op physical therapy 2 times per week for 6 weeks. The 3/13/15 utilization review non-certified the request for 12 additional post-op physical therapy visits for the left shoulder as he had completed at least 24 visits with minimal lack of motion and weakness and no documentation why he was unable to perform a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy at 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This injured worker has completed the recommended post-surgical general course of treatment. There is mild residual limitation in range of motion and strength. There are no specific functional treatment goals or barriers to home exercise documented. There is no compelling rationale to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve further rehabilitation goals. Therefore, this request is not medically necessary.