

Case Number:	CM15-0062135		
Date Assigned:	04/08/2015	Date of Injury:	04/06/2011
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 43 year old male, who sustained an industrial injury on 4/6/11. He reported shoulder injury. The injured worker was diagnosed as having post arthroscopic SLAP lesion repair/RC repair right shoulder and chronic impingement left shoulder. Treatment to date has included arthroscopic shoulder surgery, oral medications including opioids, transdermal medication, physical therapy and home exercise program. Currently, the injured worker complains of minimal pain of left shoulder with range of motion and improving right shoulder range of motion following surgery. Physical exam noted minimal pain with minimal positive impingement sign of left shoulder. The treatment plan consisted of 12 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy, Shoulder physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical records document that the patient has received 24 sessions of physical therapy and is on a home exercise program. The ODG allows for 24 sessions of physical therapy after SLAP repair. The medical records fail to document why an additional 12 sessions are needed. As such, the request Physical therapy 2 x a week for 6 weeks for the left shoulder is not medically necessary.