

Case Number:	CM15-0062747		
Date Assigned:	04/08/2015	Date of Injury:	11/09/2012
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male patient who sustained an industrial injury on 11/19/2012. Prior diagnostic testing to include: radiography study, magnetic resonance imaging, Documentation showed the patient underwent surgery on 02/11/2015 having had a left hip arthroscopy, resection with chondroplasty. In addition, he is found having undergone initial labral repair on 01/28/2015. Prior treatment to involve physical therapy. A follow up visit dated 03/06/2015 reported chief complaint of left knee pain. The impression noted chronic medial collateral ligament disruption with medial meniscus tear. Recommendation for arthroscopy to include a post-operative course of physical therapy. He is temporary total disabled. A follow up visit dated 03/02/2015 reported the patient being status post open reduction with internal fixation of left distal radius; status post exploration of the partial laceration of the ulnar nerve of the distal forearm; and he is with a stiff left shoulder, status post Bankart repair. The plan of care involved continue with home exercise program for the arm. Continue physical therapy for the shoulder. He has not yet reached maximum medical improvement. He is to return for follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation ACOEM second edition guideline Official Disability Guidelines -Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the left shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post ORIF left distal radius; status post exploration of the partial laceration of the ulnar nerve of the distal left forearm; and stiff left shoulder, status post open Bankart repair. The discussion section of the progress note dated March 2, 2013 states the injured worker will continue physical therapy two times per week for four weeks for anti-inflammatory modalities and range of motion exercises, progressing to stretching and strengthening and progressing to a home exercise program for the shoulder. The documentation shows the injured worker received 17 sessions of physical therapy to date. The guidelines allow 24 sessions of physical therapy. The treating physician exceeded the recommended guidelines by requesting an additional eight sessions of physical therapy to the left shoulder. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy (over and above that recommended by the guidelines-24). Consequently, absent compelling clinical documentation with objective functional improvement with compelling clinical documentation to warrant additional physical therapy over the guideline recommendations (24 sessions), physical therapy two times per week times four weeks to the left shoulder is not medically necessary.