

Case Number:	CM15-0069546		
Date Assigned:	04/17/2015	Date of Injury:	09/30/2012
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: 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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 09/30/2012. According to a progress report dated 03/19/2015, the injured worker was seen in follow up of the left shoulder. Symptoms were unchanged and she continued to have pain about the left shoulder with difficulty with motion activities. She reported that she might be regressing to the lack of formal therapy. She had very little use of her left arm due to weakness and limited motion. Treatments have included surgeries, physical therapy and medications. Diagnoses included rotator cuff sprain right, fracture humerus, surgical neck/left, lateral epicondylitis right, shoulder pain left, and traumatic arthropathy involving shoulder region left with AVN humeral head collapse status post open reduction internal fixation proximal humerus status post hemiarthroplasty with open biceps tenodesis removal of deep buried hardware. According to a prior progress report dated 02/05/2015, the injured worker was slowly improving with therapy sessions. Currently under review is the request for physical therapy. A progress report dated December 23, 2014 indicates that the patient had a complex injury of the shoulder, and may need additional surgery if further physical therapy is unable to alleviate her current deficits. A progress report dated November 11, 2014 identifies improved function and passive range of motion due to therapy.

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 Quantity 8:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the requesting physician has identified that the patient has had functional improvement because of previous therapy. Additionally, due to the complexity of the injury including avascular necrosis, shoulder hemiarthroplasty, and significant shoulder muscle atrophy, additional therapy beyond normal guideline recommendations is indicated. The patient has ongoing functional deficits despite utilizing a home exercise program. Additionally, consideration for repeat surgical intervention is being made if the patient is unable to improve with further therapy. As such, the currently requested additional physical therapy is medically necessary.