

Case Number:	CM15-0071002		
Date Assigned:	04/21/2015	Date of Injury:	10/15/2013
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 62 year old female who sustained an industrial injury on 10/15/2013. The injured worker was diagnosed with rotator cuff tear with repair, adhesive capsulitis and lateral epicondylitis left elbow. Treatment to date includes diagnostic testing, conservative measures, steroid injections, trigger point injections, surgery, physical therapy (pre and post-surgery) and medications. The injured worker is status post arthroscopic labral tear repair on August 27, 2014 and a manipulation under anesthesia for adhesive capsulitis on January 28, 2015 to be followed by 8 authorized sessions of physical therapy. According to the primary treating physician's progress report on March 17, 2015, the injured worker was evaluated for continued pain of the left shoulder. Examination of the left shoulder demonstrated decreased range of motion and a grade 3-4/5 weakness of the left shoulder. The injured worker is able to place her left hand behind her head but continues to have difficulty with placing her left hand behind her back. Current medications are listed as Ultracet and Lidoderm Patches. Treatment plan consists of home exercise program, medications and the current request for post op physical therapy three times a week for four weeks, left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy, 3 times weekly for 4 weeks, left shoulder, per 03/17/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Adhesive capsulitis (ICD9 726.0).

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT visits has been completed for the manipulation under anesthesia on 1/28/14 almost 4 months ago and has appeared to plateau in shoulder range of motion and function without further demonstrated evidence of functional improvement to allow for additional therapy treatments. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The provider has also noted the patient should continue the home exercise program. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Postoperative Physical Therapy, 3 times weekly for 4 weeks, left shoulder, per 03/17/2015 order is not medically necessary and appropriate.