

Case Number:	CM15-0072837		
Date Assigned:	04/23/2015	Date of Injury:	02/03/2009
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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 61-year-old male, who sustained an industrial injury on February 3, 2009. The injured worker reported motor vehicle accident (MVA) resulting in shoulder, rib and leg pain. The injured worker was diagnosed as having left shoulder bursitis/tendinitis, left shoulder arthroscopic decompression and tendon repair and history of rib fractures. Treatment and diagnostic studies to date have included surgery, physical therapy and medication. A progress note dated March 10, 2015 provides the injured worker complains of left shoulder pain rated 4-6/10 constant and increasing to 8-9/10 with activity. He reports the pain radiates down left arm to fingers with occasional numbness and tingling. He is no longer taking pain medication. Physical exam notes minimal pain with range of motion (ROM) and 5/5 strength. X-rays and magnetic resonance imaging (MRI) were reviewed. The plan includes additional physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the left shoulder: Overturned

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

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

Decision rationale: The patient presents with left shoulder pain radiating to upper extremity rated 4-6/10 at rest and 8-9/10 with activity. The request is for additional physical therapy 2 times a week for 6 weeks for the left shoulder. The request for authorization is dated 03/24/15. The patient is status-post LEFT shoulder arthroscopic subacromial decompression, 11/12/14. MRI of the LEFT shoulder, 05/20/14, shows mild supraspinatus tendinosis with no rotator cuff tear, and mild acromioclavicular joint degenerative changes. X-rays of the LEFT shoulder, 03/24/14, shows AC joint hypertrophy with medial acromial inferior spur and a type 2 acromion on outlet view. Physical examination of the shoulder reveals decreased range of motion on the LEFT with minimal pain. He has completed all twelve sessions at Chapparel Physical Therapy in Hesperia. The patient will continue a home exercise program. He is off his pain medication. Patient's medications include Omeprazole, Alendronate Sodium and Vitamin D2. Per progress report dated 03/10/15, the patient remains off work. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Per progress report dated 03/10/15, treater's reason for the request is "The patient is doing very well with his physical therapy. He continues to make rapid progress with regard to shoulder range of motion, strength and improving pain." The patient has completed 12 sessions of post-operative physical therapy. MTUS recommends up to 24 post-operative visits over 14 weeks and the post-op time frame is 6 months. In this case, the patient is within the post-operative time frame and the request for 12 additional visits of physical therapy is reasonable and supported by MTUS. Therefore, the request is medically necessary.