

Case Number:	CM15-0078083		
Date Assigned:	04/29/2015	Date of Injury:	09/30/2013
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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:

This 57 year old male sustained an industrial injury to bilateral shoulders, neck and back on 9/30/14. The injured worker underwent left shoulder arthroscopy with bicep tendon tenodesis, acromioplasty, Mumford procedure, lysis of adhesions, partial synovectomy and subacromial bursectomy on 1/19/15. In a PR-2 dated 3/13/15, the injured worker stated that his left shoulder was more painful since the last office visit. The injured worker was doing physical therapy for the left shoulder that was helping but the injured worker had remaining loss of strength and motion. X-rays of the left shoulder and humerus showed no increase of osteoarthritis. Current diagnoses included rotator cuff sprain/strain and shoulder joint pain. The treatment plan included additional physical therapy three times a week for four weeks for the left shoulder and medications (Norco, Cyclobenzaprine, Diclofenac Sodium, Tramadol and Protonix).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 for the left shoulder: Upheld

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

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 three 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 diagnostic and operative arthroscopy shoulder with biceps tendon tenodesis, acromioplasty, Mumford procedure, lysis of adhesions with subacromial bursectomy, partial synovectomy and removal of loose bodies within an intra-articular injection; rotator cuff sprain; and pain in joint shoulder region. The total number of physical therapy sessions to date are not documented in the medical record. The utilization review indicates the injured worker received 24 physical therapy sessions. According to a March 13, 2015 progress note, the injured worker has increased shoulder pain. The injured worker is engaged in a physical therapy program. Objectively, there are no objective physical findings in the medical record. There are no physical therapy progress notes in the medical record documentation. There is no documentation evidencing objective functional improvement with ongoing physical therapy. There are no compelling clinical facts indicating additional physical therapy (over the guideline recommendations) is warranted. Consequently, absent clinical documentation with objective functional improvement (from prior physical therapy) and compelling clinical facts showing additional physical therapy (over the guideline recommendations) is clinically indicated, physical therapy three times per week times four weeks of the left shoulder is not medically necessary.