

Case Number:	CM15-0096558		
Date Assigned:	05/26/2015	Date of Injury:	06/24/2014
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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 35 year old male who sustained an industrial injury on 06/24/2014. Current diagnoses include status post sprain/strain left shoulder and status post diagnostic left glenohumeral arthroscopy and subacromial bursoscopy, arthroscopic removal of loose bodies, left glenohumeral joint, left glenoid chondroplasty, microfracture of left glenoid, arthroscopic left anterior shoulder reconstruction, arthroscopic repair of type 2 SLAP lesion of left shoulder on 01/06/2015. Previous treatments included medication management, left shoulder surgery, and physical therapy. Initial injuries included immediate onset of left shoulder pain. Report dated 04/08/2015 noted that the injured worker presented with complaints that included left shoulder pain. Pain level was 4 out of 10 on a visual analog scale (VAS). It was noted that physical therapy has been helping the pain. Physical examination of the left shoulder was positive for healed arthroscopic portal scars, diffuse tenderness, and near full motion but painful at extremes. The treatment plan included encouraged to pursue additional online information relative to their neuromusculoskeletal pathology, encouraged to incorporate regular aerobic exercise, maintain optimal weight and avoid tobacco use, Norco was prescribed, additional physical therapy for range of motion modalities and strengthening, encouraged to perform home stretching exercises, and follow up in six weeks. Documentation supports that the injured worker was previously authorized for 12 visits of post operative physical therapy. Disputed treatments include continued post-op physical therapy (left shoulder) 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post op Physical Therapy (left shoulder) 3 times per week for 4 weeks: 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 Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional 12 sessions of physical therapy to the left shoulder, 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, there is documentation of completion of 24 prior PT sessions with improvement in pain and functionality. It is unclear why the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.