

Case Number:	CM15-0097334		
Date Assigned:	05/28/2015	Date of Injury:	04/02/2014
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

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 59-year-old male, who sustained an industrial injury on 04/02/2014. He has reported injury to the head, neck, and left shoulder. The diagnoses have included musculoligamentous sprain/strain of the cervical spine; cervicogenic headache, left occipital neuralgia; status post fall on 04/02/2014, with loss of consciousness; status post fall on 04/12/2014, with loss of consciousness, and additional head trauma; left shoulder type II acromioclavicular separation; and status post left shoulder distal clavicular reconstruction with acromioclavicular joint ligament reconstruction and distal clavicular resection, on 01/21/2015. Treatment to date has included medications, diagnostics, acupuncture, sling, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet and Ibuprofen. A progress report from the treating physician, dated 04/30/2015, documented a re-evaluation with the injured worker. Currently, the injured worker complains of slight discomfort on the distal clavicle and top back of his shoulder in certain positions; and states that the range of motion is much better in the left shoulder, and he is using lightweights. Objective findings included the left acromioclavicular separation appears anatomically reduced; range of motion is improved; there is no obvious atrophy; and there is minimal pain to palpation and directly in the area. The treatment plan has included the request for 12 post-operative physical therapy sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work-related injury in April 2014 and underwent a left rotator cuff decompression and acromioclavicular joint reconstruction in January 2015. He started post-operative physical therapy on 02/23/15 and as of 04/30/15 had completed 16 of 24 authorized treatments. He was doing well and performing a home exercise program. There was minimally decreased range of motion and minimal tenderness. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case, the number of additional visits requested is in excess of that recommended or what would be needed to finalize his home exercise program. The request is not medically necessary.