

Case Number:	CM14-0090237		
Date Assigned:	07/23/2014	Date of Injury:	03/24/2011
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 49 year old female who sustained a work injury on 3-24-11. The claimant is status post left shoulder decompression and partial thickness rotator cuff tear. The claimant was provided with 32 postop physical therapy sessions. Office visit on 3-10-14 notes the claimant has 135 degrees of flexion, external rotation to 50 degrees. Rotator cuff strength is 4+/5. On 3-11-14, the claimant was seen for worsening of her carpal tunnel and was referred out for physical therapy. On 4-15-14, the claimant underwent an AME evaluation. It was felt that the claimant had reached MMI and that her condition had been stable for a reasonable period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 6 Weeks left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Post-Surgery Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - physical therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided 32 physical therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed postop and that exceeds current treatment guidelines. Therefore, the request is not medically necessary.