MAXIMUS Federal Services

Case Number:	CM14-0090278		
Date Assigned:	07/25/2014	Date of Injury:	05/14/2010
Decision Date:	09/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/17/2014

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 sustained a work injury on 5-14-10 to the right shoulder. The claimant is status post right shoulder rotator cuff repair in June 2011 and repeat rotator cuff repair and SLAP repair on 7-17-13. The claimant reported an injury during therapy after the second surgery. The claimant underwent a third rotator cuff repair on 1-3-14. Office visit on 5-5-14 notes the claimant has decreased range of motion and decrease tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times 6 for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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 with postop physical therapy. 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. It is felt that this patient should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Therefore, the medical necessity of this request is not established. The request for Physical Therapy 3 times 6 for the right shoulder is not medically necessary.