

Case Number:	CM14-0009126		
Date Assigned:	04/09/2014	Date of Injury:	08/17/2011
Decision Date:	03/13/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on August 17, 2011. The diagnoses have included post op right shoulder rotator cuff. Treatment to date has included right shoulder rotator cuff surgery and the injured worker completed twenty-four sessions of post op physical therapy. The documentation on December 16, 2013 is handwritten and is not legible. On January 6, 2014 Utilization Review non-certified a physical therapy two times a week times four weeks for right shoulder , noting Medical treatment utilization schedule (MTUS) guidelines and the Official Disability Guidelines (ODG).On December 27, 2013, the injured worker submitted an application for IMR for review of physical therapy two times a week times four weeks for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER, PHYSICAL THERAPY

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with post op right shoulder rotator cuff. The current request is for Physical Therapy 2 times a week times 4 weeks for the right shoulder. The treating physician states "she is responding positively to physical therapy interventions and will benefit from continued skilled PT to progress her ROM further and to increase her strength while simultaneously managing her pain symptoms to allow her to return to her PLOF and work."
[106C] The Post-Surgical Treatment Guidelines state Postsurgical treatment, arthroscopic: 24 visits over 14 weeks and Postsurgical physical medicine treatment period: 6 months. In this case, the treating physician, based on the records available for review, has failed to state the objective need for additional PT, especially given that the operation was performed on 10/03/13 and 24 sessions of post-op PT have already occurred. The current request is not medically necessary and the recommendation is for denial.