

Case Number:	CM14-0200364		
Date Assigned:	12/10/2014	Date of Injury:	10/18/2012
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 10/18/2014. The date of the utilization review under appeal is 11/12/2014. This patient's diagnosis is right shoulder pain status post a lysis of adhesions and decompression on 12/10/2014. On 09/25/2014, the patient was seen in orthopedic followup. The patient was noted to be 9-1/2 months status post his second shoulder surgery. The treating orthopedist noted the patient had made vast improvement in passive and active range of motion of the right shoulder but continued to have weakness. The treating physician noted the patient was recently improved for 4 more sessions of physical therapy and has continued a home exercise program but has been unable to return to work as a truck driver since he has to lift around 50 pounds and cover and tie down the loads. On exam, the patient was doing well in terms of active range of motion. The treating physician felt the patient still had room to make improvement with strength training and thus strongly suggested that the patient continued physical therapy beyond the 4 sessions recently approved. A reconsideration utilization review determination of 11/12/2014 notes the patient had extensive prior physical therapy including 59 sessions to date with work conditioning part of the patient's treatment. That physician concluded that the patient had plateaued and that the physical therapy notes did not offer a specific rationale for additional supervised therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines section 24.3, page 10, recommends additional postoperative physical therapy if there are specific functional goals which require supervised therapy followed thereafter by transition to independent active home rehabilitation. The medical records in this case indicate the patient has undergone extensive supervised physical therapy. The records do not provide a rationale as to why the remaining therapy goals require further supervised therapy rather than continuation of an independent home rehabilitation program in which the patient was previously instructed. Therefore, this request is not supported by the treatment guidelines. This request is not medically necessary.