

Case Number:	CM15-0002993		
Date Assigned:	01/13/2015	Date of Injury:	03/27/2014
Decision Date:	03/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This 51 year old man sustained an industrial injury to the right shoulder on 3/27/2014 after falling while fixing a plank on scaffolding. Treatment has included oral medications, surgical intervention, physical therapy, and home exercise program. Physical therapy notes dated 10/15/2014 show that the worker is doing well, has no complaints, and is performing a home exercise program. PR-2 dated 11/11/2014 shows a weaning of physical therapy and transition to home exercise program without any problems or concerns. There are no notes indicating a regression in progress that would warrant further physical therapy sessions. On 12/10/2014, Utilization Review evaluated a prescription for three sessions of physical therapy to the right shoulder, that was submitted on 12/16/2014. The UR physician noted there was no documentation of deficits in range of motion or strength that would indicate the need for more therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 sessions, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The injured worker sustained a right shoulder injury on 3/27/2014. On 9/5/2014 he underwent arthroscopy with subacromial decompression and rotator cuff repair of the right shoulder. He started postoperative physical therapy on 9/16/2014 and completed 26 sessions. On 11/11/2014 the injured worker had stopped taking Naprosyn and stopped using his sling. His forward flexion and abduction was 170 and external rotation 60 and internal rotation 35. He reported more pain after the home exercise program. The provider recommended continuing therapy once a week to complete the approved visits. Physical therapy requested 3 additional visits 1-3 on 11/18/2014. Utilization review noncertified the 3 visits as he had completed 26 visits and had demonstrated good range of motion in the shoulder with no documentation of need for additional physical therapy. California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is 12 visits and then with documentation of continuing objective functional improvement an additional 12 visits may be prescribed. The injured worker had completed 26 visits. He had good range of motion in the shoulder and was familiar with a home exercise program. There was no documented reason why he needed additional physical therapy. As such, the request for 3 additional visits exceeded the guidelines and the medical necessity of the request is not established.