

Case Number:	CM15-0006420		
Date Assigned:	01/26/2015	Date of Injury:	09/20/2011
Decision Date:	03/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female who reported an injury on 09/20/2011 due to an unspecified mechanism of injury. On 01/06/2015, she presented for an evaluation regarding her work related injury. It was stated that she had undergone surgery in 05/2015 and that she had had her last session of physical therapy 2 months prior to the visit. She reported continued right shoulder pain. An operative report noted the date of surgery to be 05/23/2014 and showed that she had undergone a right shoulder rotator cuff repair and acromioplasty. Her medications included atorvastatin, Diltiazem, hydrochlorothiazide, meloxicam, Motrin, and warfarin sodium. A physical examination showed healed arthroscopy portals in the right shoulder and 160 degrees of active abduction. There was pain with resisted abduction and very minimal weakness to strength testing in abduction and forward flexion. X-rays taken at the visits showed no acute abnormalities. She was diagnosed with chronic rotator cuff pathology. The treatment plan was for additional physical therapy sessions for the right shoulder. The rationale for treatment was to address the injured worker's remaining symptoms..

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for Right Shoulder QTY. 6: 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 California Postsurgical Rehabilitation Guidelines state: that 24 sessions over 14 weeks is recommended for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker had completed physical therapy following a right shoulder surgery she had undergone in 05/2014. While it is understood that she continues to have pain, additional physical therapy sessions would not be supported. Documentation regarding how many sessions of therapy the injured worker had attended, as well as her response in terms of pain relief and objective improvement in function was not clearly documented. Therefore, additional sessions would not be warranted. As such, the request is not medically necessary.