

Case Number:	CM15-0100830		
Date Assigned:	06/03/2015	Date of Injury:	07/10/2014
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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:

This 60 year old female sustained an industrial injury to the shoulder and left lower extremity on 7/10/14 after a fall. Previous treatment included magnetic resonance imaging, right shoulder rotator cuff repair (10/21/14), physical therapy, home exercise and medications. In a physical therapy progress note dated 4/27/15, the injured worker complained of difficulty with overhead activities and household chores due to pain and decreased shoulder strength and endurance. The injured worker had attended 30 physical therapy visits between 11/4/14 and 4/27/15. Physical exam was remarkable for right shoulder with mild tenderness to palpation, decreased strength and range of motion within functional limitations. Current diagnoses included status post right rotator cuff repair. The treatment plan included being independent with home exercise within two weeks and additional physical therapy twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work injury in July 2014 and underwent a right rotator cuff repair and October 2014. Treatments have included 30 postoperative therapy sessions. When seen, she was approximately 6 months status post surgery. She was continuing to improve with therapy. Additional physical therapy was requested. Physical therapy following the surgery performed would be expected to consist of up to 24 treatments over a 14-week period of time. In this case, the claimant has completed more than the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.