

Case Number:	CM15-0109214		
Date Assigned:	06/15/2015	Date of Injury:	06/07/2010
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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

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 65 year old male who sustained an industrial injury on 06/07/2010. Treatment provided to date has included: right shoulder surgery and physical therapy. Diagnostic testing was not provided. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/11/2015, physician progress report noted that the injured worker presented for a follow-up for the right shoulder rotator cuff revision surgery which was completed on 01/08/2015. The injured worker reports no complaints overall and reported neck is feeling better with physical therapy. The physical exam revealed healed incisions; range of motion: flexion of 155° and extension 45°; strength testing: resisted forward flexion 5-/5 and extension 5-/5; positive Hawkin's with a click; and neuro vascularly intact distally. The provider noted diagnoses of status post right shoulder rotator cuff revision with distal clavicle excision. Plan of care includes physical therapy (continue with full range of motion and strengthening). The injured worker's work status continued temporarily totally disabled. Requested treatments include 12 additional sessions of physical therapy for the right shoulder.

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 per week for 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient is status post right shoulder rotator cuff revision surgery which was completed on 01/08/2015. The current request is for Additional physical therapy 2 times per week for 6 weeks for the right shoulder. Treatment provided to date has included: right shoulder surgery, medications, injections, and physical therapy. The patient is working with restrictions. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. According to progress report 05/11/2015, the patient presents for a follow-up following a right shoulder rotator cuff revision surgery which was completed on 01/08/2015. The patient reported feeling better with physical therapy. The physical exam revealed healed incisions; range of motion: flexion of 155 and extension 45; strength testing: resisted forward flexion 5-/5 and extension 5-/5; positive Hawkin's with a click; and neuro vascularly intact distally. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date were not documented in the medical reports. The patient has been referred for post op PT since at least 02/26/15. Subsequent progress report continue to direct patient to complete current course of therapy. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.