

Case Number:	CM15-0016943		
Date Assigned:	02/03/2015	Date of Injury:	08/04/2011
Decision Date:	08/05/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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 53 year old male with an industrial injury dated 08/4/2011. The mechanism of injury is documented and an injury to right shoulder when he was pulling catheters out of boxes with his right hand. Diagnoses included right shoulder deep partial rotator cuff tear, right shoulder acromioclavicular joint arthropathy with derangement and status post-right shoulder arthroscopic repair of supraspinatus tendon, biceps tenodesis and distal clavicular resection with subacromial decompression with bursectomy, partial acromioplasty and release of the coracoacromial ligament and debridement of the glenohumeral joint. Prior treatments include electric muscle stimulator. He presents on 01/06/2015 experiencing pain to the right shoulder, which he feels, has increased since his last visit. He describes the pain as "off and on" in terms of intensity and increased with lifting and overhead activity. Physical exam of the right shoulder demonstrated no tenderness to palpation. Treatment plan included physical therapy, working modified duties, home exercise program and return to office as needed. The progress note dated 11/24/2014 also requested authorization for physical therapy. The treatment request is for physical therapy 2 times a week for 6 weeks to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6 Wks right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. The Physical Therapy 2xWk x 6 Wks right shoulder is not medically necessary and appropriate.