

Case Number:	CM15-0019932		
Date Assigned:	02/09/2015	Date of Injury:	05/04/2004
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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 64-year-old male who reported an injury on 05/04/2004. The mechanism of injury was not stated. His primary diagnosis was pain involving the shoulder joint region and a sprain of the unspecified site of shoulder and upper arm. He had previously undergone a right shoulder surgery in 2005 with revision performed in 05/2013. Additionally, he had received a subacromial cortisone injection which did help his residual right shoulder pain. An MRI of the right shoulder demonstrated a type 1 acromion and small 10% undersurface partial tear with the injured worker having been recommended to undergo additional physical therapy for modality use and rotator cuff strengthening exercises. The previous request for physical therapy had been denied as the previous physician did not document objective functional improvements following the previous physical therapy sessions and did not indicate if the injured worker had completed the prescribed physical therapy visits. As of 01/20/2015, the injured worker had reportedly completed 6 sessions of physical therapy and had improved approximately 35% overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 x 6, for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, without having current clinical documentation identifying significant functional deficits in regard to the right shoulder, and with the injured worker having previously completed physical therapy for the same shoulder, an ongoing 12 sessions of physical therapy cannot be supported. The request exceeds the maximum allowance under the California MTUS Guidelines for initial treatment and also states that injured workers are recommended and expected to continue with a home exercise program upon completion of a formal course of physical therapy. Therefore, with the injured worker not meeting the criteria for undergoing the requested physical therapy and with the most recent physical examination having been stated as 01/2015 with no current examination provided to indicate that the injured worker has extenuating circumstances necessitating 12 sessions of physical therapy, at the time, he should be able to perform his exercises in the home environment to improve his range of motion and strength around the right shoulder. However, the medical necessity has not been established at this time.