

Case Number:	CM15-0146084		
Date Assigned:	08/06/2015	Date of Injury:	01/30/2015
Decision Date:	09/10/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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(n) 52 year old male, who sustained an industrial injury on 1-30-15. He reported injury to his left shoulder after a slip and fall accident. The injured worker was diagnosed as having left shoulder impingement, subacromial bursitis and left shoulder full-thickness rotator cuff tear. Treatment to date has included a left shoulder MRI on 2-12-15, left rotator cuff repair on 3-24-15 and post-op physical therapy. As of the physical therapy initial evaluation dated 4-3-15, the injured worker reports weaning off pain medications and only using NSAIDs and ice for pain relief. He rates his pain a 4 out of 10. The physical therapist noted the left shoulder flexion is 90 degrees, extension is 20 degrees, external rotation is 15 degrees and internal rotation is 45 degrees. The treating physician requested to continue physical therapy x 24 sessions for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 continued physical therapy treatments, left shoulder (2 times a week for 12 weeks):

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 (Shoulder).

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

Decision rationale: The patient is status post left rotator cuff repair on 03/24/15. The current request is for 24 continued physical therapy treatments, left shoulder (2 times a week for 12 weeks). The RFA is dated 07/02/15. Treatment history includes surgery, physical therapy and medications. The patient is not working. The patient is TTD. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks following a rotator cuff tear. The post-operative time frame is 6 months. This patient is status post left rotator cuff repair on 03/24/15. Physical examination on 06/22/15 noted decreased ROM, 5/5 strength, normal sensation and negative impingement. Physical therapy progress notes from 04/03/15 through 05/22/15 indicate that the patient is participating in physical therapy with some progression but continued residual pain. The patient has completed 19 post-operative physical therapy sessions thus far. It is unclear why the treater is requesting additional 24 sessions of PT at this time. In this case, 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.