

Case Number:	CM15-0148341		
Date Assigned:	08/11/2015	Date of Injury:	05/19/2014
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 5-19-2014. Diagnoses include unspecified disorders of bursae and tendons in the shoulder region. Treatment to date has included surgical intervention (rotator cuff repair 1-29-2015), as well as conservative treatment including 30 approved sessions of postoperative physical therapy, medications including Norco, naproxen, Nabumetone and Zofran. Per the Progress Report dated 7-08-2015, the injured worker presented for 4-week follow-up of the right shoulder. He reported increased right shoulder pain. Physical examination revealed 0-150 degrees of abduction, 0-120 degrees of flexion and 4 out of 5 external rotation. The plan of care included, and authorization was requested on 7-09-2015 for 12 additional sessions of physical therapy. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff Syndrome/Impingement syndrome, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy - page 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that are documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy x 12 sessions is not fully established for this patient.