

Case Number:	CM15-0184863		
Date Assigned:	09/25/2015	Date of Injury:	02/03/1997
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Emergency Medicine

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 56-year-old male, who sustained an industrial-work injury on 2-3-97. He reported initial complaints of shoulder pain. The injured worker was diagnosed as having right shoulder pain, aggravation of right shoulder labra tear, high grade intra-substance tear of the supraspinatus, aggravation of right shoulder high grade partial thickness versus full thickness glenoid rim articular cartilage loss, slowly advancing adhesive capsulitis due to untreated glad lesion, and right shoulder arthroscopy. Treatment to date has included medication, surgery (right shoulder arthroscopy on 4-16-15), and physical therapy (completed 32 visits), and diagnostics. Currently, the injured worker complains of dull, occasionally sharp pain in shoulder after prolonged use that improved since last visit with physical therapy improving range of motion. Per the primary physician's progress report (PR-2) on 8-13-15, exam noted limited range of motion and tenderness with palpation to the anterior shoulder joint. The Request for Authorization requested service to include Additional physical therapy 2 times a week for 4 weeks, right shoulder. The Utilization Review on 9-9-15 denied the request for Additional physical therapy 2 times a week for 4 weeks, right shoulder, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Post-Surgical Treatment.

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 a week for 4 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s):
Shoulder.

Decision rationale: As per MTUS Post-surgical treatment guidelines, patient can receive up to 24 postoperative physical therapy sessions. Patient has reportedly completed 32 postoperative PT sessions. Maximum recommended has been exceeded and there is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 8 physical therapy sessions are not medically necessary.