

Case Number:	CM15-0190660		
Date Assigned:	10/02/2015	Date of Injury:	05/08/2012
Decision Date:	11/24/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania, Ohio, 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 29-year-old, with a reported date of injury of 05-08-2012. The diagnoses include right shoulder rotator cuff tear, history of right shoulder injury, and status post right shoulder diagnostic and operative arthroscopy with Bankart procedure. Treatments and evaluation to date have included a right shoulder diagnostic operative arthroscopy with arthroscopic repairs on 05-01-2015, and physical therapy. The diagnostic studies to date have included an MRI of the right shoulder on 01-14-2015 which showed evidence of prior anterior dislocation, a scarred down labral Bankart lesion, and mild acromioclavicular joint degenerative changes with lateral downsloping of the acromion. The supplemental medical report dated 08-25-2015 indicates that the injured worker stated that he was almost done with postoperative physical therapy and that he required more sessions. The treating physician found that "more physical therapy is warranted for him at this time". The treating physician recommended twelve physical therapy sessions two times a week for six weeks to focus on mobility and strength. It was noted that the injured worker would require full 24 to 36 sessions of physical therapy. The progress report dated 06-25-2015 indicates that the injured worker was "making slow and steady progress". The treating physician found that the injured worker was an appropriate candidate to continue physical therapy. The physical examination showed well-healed arthroscopic portals, forward flexion and abduction was 0 to 190 degrees with stiffness and pain at end ranges of motion, intact neurovascular and skin exam, and no acute distress. The injured worker was temporarily and totally disabled for the next six weeks. The medical records included the physical therapy reports for 16 visits from 05-19-2015 through 08-27-2015. The physical therapy report dated 08-27-2015 indicates that the injured worker reported increased right

shoulder external rotation due to physical therapy and stretching at home. The provider indicated that the right upper extremity stability and strength were improving due to physical therapy. It was noted that the injured worker's right upper extremity active range of motion was improving in all planes. The request for authorization was dated 09-01-2015. The treating physician requested physical therapy two times a week for six weeks for the right shoulder. On 09-07-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for six weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.