

Case Number:	CM15-0192403		
Date Assigned:	10/06/2015	Date of Injury:	05/26/2014
Decision Date:	11/24/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 55 year old male, who sustained an industrial injury on 05-26-2014. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for unspecified disorders of bursae and tendons in shoulder region. Treatment and diagnostics to date has included physical therapy (visit #23 on 07-14-2015 for the right shoulder which showed improvement in range of motion and ability to reach for objects), cortisone injections, and medications. Current medications include Ibuprofen, Klonopin, Naproxen, Norco, and Zofran. After review of progress note dated 08-13-2015, the injured worker reported continued pain to the right shoulder. Objective findings included decreased strength and positive impingement sign to shoulder-upper arm with tenderness to palpation. The request for authorization dated 08-17-2015 requested physical therapy for the right shoulder, 12 sessions (2x6) and physical therapy for the left shoulder, 6 sessions (once a weeks for 6 weeks). The Utilization Review with a decision date of 09-03-2015 modified the request for 12 additional postoperative physical therapy visits for the right shoulder to 6 additional postoperative physical therapy visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve post operative physical therapy visits for the 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.